

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Lower
 or
 Inc. Town of Eastover
 or
 City of Richland (No.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File in For State Registrar Only
36292

Registration District No. Registered No. 235
 (For use of Local Registrar)

(2) Full Name of Child Herbert Richard (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10-2-22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME John Richard
 (9) PRESENT POSTOFFICE OF FATHER Eastover SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Richland Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER
 (14) NAME BEFORE MARRIAGE Melvinia Land
 (15) PRESENT POSTOFFICE OF MOTHER Eastover SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Richland Co
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 3 At A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

19 22 Registrar

(27) Filed 19 5 22 (28) Adeline Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

THIS BLANKET, WHEN ORDERED INK—THIS IS A PERMANENT RECORD.
 —In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.