

1) PLACE OF BIRTH

County of Richland
 Township of Richland
 or
 Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2447825836-7

Registration District No. Registered No. 26
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy 4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Aug 10 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

1) FULL NAME
 2) PRESENT POSTOFFICE OF FATHER
 3) COLOR OR RACE (11) AGE AT LAST BIRTHDAY..... (Years)
 4) BIRTHPLACE
 5) OCCUPATION
 6) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Lillian Horn
 (15) PRESENT POSTOFFICE OF MOTHER Richland S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY..... (Years) 17
 (18) BIRTHPLACE Richland County
 (19) OCCUPATION Phys. among race
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) A. P. Hunter
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Richland S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 9 1922 (28) R. H. Sheely 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.