

(1) PLACE OF BIRTH

County of *Beaufort*
Township of *Windsor*
or
Inc. Town of
or
City of

3/5/1922
CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
926

Registration District No. *1409* Registered No. *85*
(For use of Local Registrar)

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

(2) Full Name of Child *Richard Randolph Wirth*
(a supplemental report as directed)

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Age Parents Married? *Yes* (7) DATE OF BIRTH *Mar 1 1922*
(Type of Month) (Day) (Year)

FATHER:

(8) FULL NAME *Richard Wirth*
(9) PRESENT POSTOFFICE OF FATHER *Wallerboro S.C.*
(10) COLOR OR RACE *Wm* (11) AGE AT LAST BIRTHDAY *27*
(Years) (12) BIRTHPLACE *S. C.*
(13) OCCUPATION *Painter*
(20) Number of children born to mother, including present birth *6*

MOTHER:

(14) NAME BEFORE MARRIAGE *Viola Smith*
(15) PRESENT POSTOFFICE OF MOTHER *Wallerboro S.C.*
(16) COLOR OR RACE *Wm* (17) AGE AT LAST BIRTHDAY *44*
(Years) (18) BIRTHPLACE *S. C.*
(19) OCCUPATION *Domestic*
(21) Number of children of the 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 *born alive* at *6 C.* on the date above stated. (Born alive or stillborn) (Floor A. M. or P. M.)

(23) (Signature) *Walter Johnston*

(24) State whether *Physician or Midwife* (25) Address of Physician or Midwife *Wallerboro S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed *Feb 10 1922* (28) *W. B. W. W. W.*

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.