

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor
Inc. Town ofor
City of

(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 No.—For State Registrar Only

25323

Registration District No. 1000 a Registered No. 75
(For use of Local Registrar)

(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?

5) Number in order of birth

6) Are Parents Married?

yes

7) DATE OF BIRTH

aug 20 1922

(Name of Month) (Day) (Year)

8) FULL NAME

Plato P. Richards

9) PRESENT POSTOFFICE OF FATHER

Kings Creek, P.F.D. 1-17

10) COLOR OR RACE

White

11) AGE AT LAST BIRTHDAY

38 (Years)

12) BIRTHPLACE

Cleveland Co. S.C.

13) OCCUPATION

Farmer

20) Number of children born to mother, including present birth

2

14) NAME BEFORE MARRIAGE

Oreda Green

15) PRESENT POSTOFFICE OF MOTHER

Kings Creek, S.C.

16) COLOR OR RACE

White

17) AGE AT LAST BIRTHDAY

27 (Years)

18) BIRTHPLACE

Cherokee Co. S.C.

19) OCCUPATION

H. Wife

21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:20 A.M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature)

D. S. Ramsour

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Blacksburg, 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

9-11922

(28)

Geo. A. Roberts

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.

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MARGIN RESERVED FOR BINDING.
WHEN FATHER, MOTHER, OR CHILD IS A FOREIGN BORN, GIVE NAME AND ADDRESS IN FULL IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.

McGAW