

(1) PLACE OF BIRTH

County of Richmond
 Township of Richmond
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

37727 Y

Registration District No. 4097Registered No. 56
(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 Bobby Lee Padgett

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

(3) SEX OR Boy (4) Type Y20 (5) Marital Y20 (6) DATE Nov. 12, 28
 or Triplet To be answered only in event of Twins or Triplets BIRTH (Name of Month) (Day) (Year)

FATHER

(7) FULL NAME Olin Padgett
 (8) PRESENT POSTOFFICE OF FATHER Fairmont S.C.
 (9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 30
 (11) BIRTHPLACE S.C.
 (12) OCCUPATION mill

MOTHER

(13) NAME BEFORE MARRIAGE Eliza Jane Pearson
 (14) PRESENT POSTOFFICE OF MOTHER Fairmont S.C.
 (15) COLOR OR RACE white (16) AGE AT LAST BIRTHDAY 22
 (17) BIRTHPLACE S.C.
 (18) OCCUPATION homemaker

(19) Number of children born to mother, including present birth 5(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 4:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. H. Wright M.D.
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife Fairmont S.C.

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)

(26) Filed 4-10-28 (27) 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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