(1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia ... (No. 1524 Pickens St.; ..... Ward)

(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

70085

Registration District No. 38 Registered No. 1268

(For use of Local Registrar)

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

(3) ~~BOY OR~~ GIRL?

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH June (Name of Month) 24 (Day), 1916 (Year)

FATHER.

(8) FULL NAME John Elie Richard

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 52 (Years)

(12) BIRTHPLACE Columbia S.C.

(13) OCCUPATION Refrigerating Engineer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Jervey King

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Sumter County S.C.

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 43 P. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Pinckney V. Bickley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

.....

Registrar

(26) Witness .....

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

(27) Filed 7/3 1916 (28) [illegible]

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.

before the fifth month of pregnancy.

N. B.—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.

WHEN PRINTED, WITH UNFADING INK, THIS IS A PERMANENT RECORD.

Caw. of Columbia