

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Johns Island  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for this register  
**31480**

Registration District No. 707 Registered No. 89  
 (For use of Local Registrar)

City of ..... (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 Reddie Richardson If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Type of Triplet ..... (5) Number in order of birth ..... (6) Age of Mother 30 (7) DATE OF BIRTH Sept. 14, 23  
 To be answered only in case of Triplets

## FATHER

(8) FULL NAME Ben Richardson  
 (9) PRESENT RESIDENCE OF FATHER Charleston S.C.  
 (10) COLOR OR RACE negr (11) AGE AT LAST BIRTHDAY 30  
 (12) BIRTHPLACE Johns Island  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth Four

## MOTHER

(15) NAME BEFORE MARRIAGE Julia Freeman  
 (16) PRESENT RESIDENCE OF MOTHER Charleston S.C.  
 (17) COLOR OR RACE W.C. (18) AGE AT LAST BIRTHDAY 27  
 (19) BIRTHPLACE Johns Island  
 (20) OCCUPATION .....  
 (21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Harmon Casper(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Johns Island

Given name added from a supplement-  
 al report

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

(27) Filed Sept. 27, 23 (28) Mrs. E.H. Hill 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.