Form No. 1

(1) PLACE OF BIRTH

County of Sumter

Township of Cornford

or

Inc. Town of .....

or

City of ..... (No. ..... 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
16861

Registration District No. ..... Registered No. 36
(For use of Local Registrar)

(2) Full Name of Child Elise Richerson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? Twin (5) Number in order of birth no 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 5 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Harry Richerson	(14) NAME BEFORE MARRIAGE	France Perry
(9) PRESENT POSTOFFICE OF FATHER	Sumter SC R1	(15) PRESENT POSTOFFICE OF MOTHER	Sumter SC R1
(10) COLOR OR RACE	negro (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE	negro (17) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE	SC	(18) BIRTHPLACE	SC
(13) OCCUPATION	farmhand	(19) OCCUPATION	housewife
(20) Number of children born to mother, including present birth	4	(21) Number of children of this 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 5 P.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary X McKeever

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter SC R1

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed May 12 1922 (28) Miss R. J. Kinney
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
McCAW & COLUMBIA, COLUMBIA, S. C.