

(1) PLACE OF BIRTH

County of *Spartan*Township of *Princeton*or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2597

Registration District No. *41.05* Registered No. *5*
(For use of Local Registrar)(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. *James Richardson* (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan 9 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *William Richardson*(9) PRESENT POSTOFFICE OF FATHER *Darrell S.C.P.*(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *30*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *15*

MOTHER.

(14) NAME BEFORE MARRIAGE *Fannie Shannon*(15) PRESENT POSTOFFICE OF MOTHER *Darrell S.C.P.*(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *28*
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *13*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Nesbit Shannon* (24) State whether Physician or Midwife *Midwife*

Given name added from a supplemental report

(25) Witness *Mrs. Eva Bankette*
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Jan 13 1922* (28) *J.B. Raffield*
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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