

(1) PLACE OF BIRTH

County of Bamberg

Township of

Inc. Town of

City of Bamberg

(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

No. 2864

Registration District No. 4a

Registered No. 6
(For use of Local Registrar)

(2) Full Name of Child James Richardson

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age at Birth yes (7) DATE OF BIRTH Feb 13, 23
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Walter Richardson
(9) PRESENT RESIDENCE OF FATHER Bamberg
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30
(12) BIRTHPLACE Bamberg
(13) OCCUPATION Cotton mill hand
(14) Number of children born to mother, including present child 2

MOTHER
(14) NAME BEFORE MARRIAGE Mamie Rice
(15) PRESENT RESIDENCE OF MOTHER Bamberg
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE Bamberg
(19) OCCUPATION Farmer Hand
(20) Number of children of this mother now living, including present child 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Rebecca Glover
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

(25) Witness John Craver
(26) Filed 2/21 19 23 (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 stillborns before the fifth month of pregnancy.

Form No. 1, THE OTHER, No. 2, etc., in question 1