

(1) PLACE OF BIRTH

County of LancasterTownship of Sumter

Incl. 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

30907

Registration District No. 2800Registered No. 62

(For use of Local Registrar)

(2) Full Name of Child Richardson

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 a. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. H. Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

101...

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 9, 1922(28) A. M. Harrison

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.

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