

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of Levin

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

6563

Registration District No. 1304Registered No. 10

(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 Robin Richardson

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

SEX Boy

(3) Twin or Triplet

To be answered only in event of Twin or Triplet

(4) Number in order of birth

(5) Age

(6) DATE OF BIRTH

Feb 22 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Willie Richardson

(9) PRESENT POSTOFFICE OF FATHER

Summerville

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

20
(Years)

(12) BIRTHPLACE

Clarendon

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Camilla Richardson

(15) PRESENT POSTOFFICE OF MOTHER

Summerville

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Clarendon

(19) OCCUPATION

Home Friend

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

2

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) Name of Mother, Physician or Midwife

(25) Address of Phys. or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Date

March 23 23

(28)

Local Registrar

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Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.