

(1) PLACE OF BIRTH

County of Barnwell
 Township of Blackville
 OF
 Inc. Town of _____
 or _____
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

48124

Registration District No. 504 Registered No. 6
 (For use of Local Registrar)

City of _____ (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 Dunbar Richardson If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ Boy (4) ~~Wife~~ X of ~~Triplet?~~ (5) ~~Number in~~ X order of birth (6) Are yes Parents Married? (7) DATE OF BIRTH Feb. 25, 1916
Table answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David D. Richardson
 (9) PRESENT POSTOFFICE OF FATHER Blackville, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Atkinson
 (15) PRESENT POSTOFFICE OF MOTHER Blackville, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1-9 P. M. on the date above stated. (Born alive or stillborn) (Hour ~~of~~ P. M.)

(23) (Signature) D. D. Atkinson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Blackville, S.C.

Given name added from a supplemental report
 _____, 191...

 Registrar

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 26, 1916 (28) E. D. Atkinson Local Registrar

MARGIN HIGH-LIGHTED WITH PINK MARKING
 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 8.
 McCraw, of Columbia

*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.