

## (1) PLACE OF BIRTH

County of Charleston  
 Precinct of James Island  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

FILE NO. 573

Registration District No. 904 Registered No. 1  
 (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 Mary Eliza Richardson (If child is not yet named, make supplemental report as directed)

(3) Sex ♀ (4) Age 2 (5) Date of Birth Jan 13, 1923  
 Is the mother in custody of the father? yes (6) Date of Birth Jan 13, 1923

FATHER  
 (1) Name Samuel Richardson  
 (2) Address P.O. Charleston S.C.  
 (3) Color Col (4) Age at last birthday 22  
 (5) Birthplace James Island  
 (6) Occupation Farmer  
 (7) Number of children born to mother, including present birth 1

MOTHER  
 (1) Name Samh. Fraser  
 (2) Address P.O. Charleston S.C.  
 (3) Color Col (4) Age at last birthday 17  
 (5) Birthplace James Island  
 (6) Occupation Domestic  
 (7) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(8) 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.)

(9) (Signature) Mary Watson  
 (10) State whether Physician or Midwife (11) Address of Physician or Midwife Inderside P.O. Charleston S.C.

Given name added from a supplemental report

(12) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (13) Date Jan 25, 1923 (14) Signature W. R. Seabrook

When there was no attending physician or midwife, then the father, householder, etc., should report. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.