

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(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

File No.—For State Registrar Only

71788

Registration District No. 901

Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug 2* 191*6*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Samuel Richardson*(9) PRESENT POSTOFFICE OF FATHER *111 Pleasant St*(10) COLOR OR RACE *Wm* (11) AGE AT LAST BIRTHDAY *26* (Years)(12) BIRTHPLACE *Chapel Church, Darich*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Catherine Thind*(15) PRESENT POSTOFFICE OF MOTHER *111 Pleasant St*(16) COLOR OR RACE *Wm* (17) AGE AT LAST BIRTHDAY *20* (Years)(18) BIRTHPLACE *Penick Hall, S.C.*(19) OCCUPATION *Farming*(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 *born* at *5-a* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Paul Richardson* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *111 Pleasant St*

Given name added from a supplemental report

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

(27) Filed *Aug 2* 191*6* (28) *W. H. H. H.* 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.

WHITE 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 5.

McChaw, of Columbia