

File No.—For State Registrar Only
3385

(For use of Local Registrar)

(2) Full Name of Child Oliver Richardson If child is not yet named, make supplemental report as directed

BIRTH Feb 13 1922
(Name of Month) (Day) (Year)

MOTHER

Mary Richardson

1-10-40

(15) PRESENT
POSTOFFICE
OF MOTHER

(15) PRESENT
POSTOFFICE
OF MOTHER *44 Beaumont*

Cloud

(11) AGE AT LAST BIRTHDAY.....23

(16) COLOR OR RACE

Poland

(17) AGE AT LAST BIRTHDAY.....17.....
(Year)

Prof. island. S.C

(18) BIRTHPLACE

Foknisland. SP

Labour

19. OCCUPATION

Washer

25 Number of children born to mother, including present birth

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was... alive ... at 7:00 M.,
on the date above stated (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature)

Laurea Frisco

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witnesses

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

(27) Filed

120 22 1922

(27) Filed 2/20 19 22 (2) 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.