

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 5.

(1) PLACE OF BIRTH

County of Sumter
 Township of Waynesville
 or
 Inc. Town of
 or
 City of

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

Registration District No. 4102 Registered No. 117
 (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 Jessie Richardson

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 6th 1926
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Richardson
 (9) PRESENT POSTOFFICE OF FATHER Waynesville
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Waynesville
 (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION farmer
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at .. 4 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Bethie Richardson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

(26) Witness

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

(27) Filed Oct 10th 1926

(28)

10

16

(29)

W. H. Thomas

Local Registrar

*When there was no attending physician or midwife, then the father, mother, or other person should make this return.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns
 before the fifth month of pregnancy.