

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

City of Charleston, S.C.

(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

Registration District No. 9 A

File No.—For State Registrar Only

10322Registered No. 614
(For use of Local Registrar)

St. Ward)

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

(2) Full Name of Child Leila Richardson(3) BOY OR GIRL G(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? yes(7) DATE OF BIRTH April 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Richardson(9) PRESENT POSTOFFICE OF FATHER 28 Burnside Lane(10) COLOR OR RACE C(11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Laber Charleston(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Wm. Smith(15) PRESENT POSTOFFICE OF MOTHER 28 Burnside Lane(16) COLOR OR RACE C(17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Charleston(19) OCCUPATION domestic(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 alive at 12 M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Martha Robinson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 52 Calhoun

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 4/18 to W. J. McNeill, Jr.

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.