

MADE MAINLY 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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Beaufort</u>		STATE OF SOUTH CAROLINA		88553	
Township of <u>St. Helena</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>604</u>		Registered No. <u>179</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.;		(For use of Local Registrar)	
(2) Full Name of Child <u>Lula Richardson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Dec 15, 1916</u>	
To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER.		MOTHER.			
(8) FULL NAME <u>Dont know</u>	(14) NAME BEFORE MARRIAGE <u>Rosa Richardson</u>				
(9) PRESENT POSTOFFICE OF FATHER	(15) PRESENT POSTOFFICE OF MOTHER <u>Frogmore St.</u>				
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>		
(12) BIRTHPLACE	(18) BIRTHPLACE <u>S. C.</u>				
(13) OCCUPATION	(19) OCCUPATION <u>House girl</u>				
(20) 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 <u>Alive</u> at <u>4.9</u> M., on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>Chloe Richardson</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Frogmore St.</u>					
Given name added from a supplemental report					
(26) Witness <u>Geo. H. Hatcher</u>					
(Signature of Witness necessary only when question 23 is signed by male)					
(27) Filed <u>12/20</u> 19 <u>16</u> (28) <u>Geo. H. Hatcher</u> 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.					