

FORM NO. 1.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Concord
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

44758

Registration District No. 4100 Registered No. 119
 (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 Cousilous Richman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Dec 15 1911
(Name of Month) (Day) (Year)
Is to be answered only in case of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Eta Richman</u>
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	<u>Sumter SCRA#1</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>Yegro</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>Sumter Co</u>
(13) OCCUPATION		(19) OCCUPATION	<u>house wife</u>
(20) Number of children born to mother, including present birth	<u>10</u>	(21) Number of children of this mother now living, including present birth	<u>10</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 PM M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maude Wolfe
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter SCRA#1

Given name added from a supplemental report

(26) Witness J. J. Kinney
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 25 1911 (28) Dan Kinney
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. 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.

McCaw, of Columbia