

FORM NO. 1.

## (1) PLACE OF BIRTH

County of SumterTownship of Concord

Inc. Town of .....

City of .....

(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

File No.—For State Registrar Only

44758

Registration District No. 4-100 Registered No. 119

(For use of Local Registrar)

(2) Full Name of Child Cornelius Richman

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec 15 1911</u>
<small>To be answered only in event of Twins or Triplets</small>				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Etta Richman(15) PRESENT POSTOFFICE OF MOTHER Sumter SCRAH(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Sumter Co(19) OCCUPATION house wife(21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 6 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Handwritten Signature

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

, 191...

Registrar

(26) Witness Handwritten Signature

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

(27) Filed Dec 23 1911 (28) San Arimay

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.

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.

McCaw, of Columbia