

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

75935

(1) PLACE OF BIRTH

County of Edgecombe

Township of Candy Run

Inc. Town of

City of

Registration District No. 804 Registered No. 30

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Jane Richerson

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

(3) ~~BOY OR GIRL?~~

(4) Twin or Triplet?

(5) Number in order of birth 3

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept. 11, 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME William Richerson

(9) PRESENT POSTOFFICE OF FATHER Gaston S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25
(Years)

(12) BIRTHPLACE Lexington

(13) OCCUPATION Farmhand

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Pink Johnson

(15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Lexington S.C.

(19) OCCUPATION Fieldhand

(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 Born alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. Charlotte X. Kessler

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

Midwife | Gaston S.C.

Given name added from a supplemental report

(26) Witness B. C. Bellinger
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 20, 1916 (28) J. S. Bellinger
Registrar 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.

MARGIN RESERVED FOR BINDING.

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.

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