

(1) PLACE OF BIRTH

County of LexingtonTownship of "or
Inc. Town of "or
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

Registration District No. 3109

File No.—For State Registrar Only

27072Registered No. 64
(For use of Local Registrar)

(2) Full Name of Child

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

3 BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>May 15 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>Joe Richardson</u>			14 NAME BEFORE MARRIAGE <u>Rosa May Corley</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Lexington SC</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Lexington SC</u>	
10 COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	16 COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
12 BIRTHPLACE <u>Lex Co</u>			18 BIRTHPLACE <u>Lex Co</u>	
13 OCCUPATION <u>Laborer</u>			19 OCCUPATION <u>Clerk</u>	
20 Number of children born to mother, including present birth <u>4</u>			21 Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Matthews(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lexington

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 4 1922(28) Mrs. C. E. Taylor
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.

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