

WHITE 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.

(1) PLACE OF BIRTH *Cristofield*
County of *Cristofield*
Township of *Churches*
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.)
(2) Full Name of Child *Barn. Richardson*

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

File No.—For State Registrar Only
3664

Registration District No. *1201* Registered No. *15*
(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.)

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1*
To be answered only in event of Twins or Triplets (6) Are Parents Married? *Yes*
DATE OF BIRTH *Feb 3*
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Sandy Richardson*
(9) PRESENT POSTOFFICE OF FATHER *Churches SC*
(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *25*
(Years)
(12) BIRTHPLACE *SC*
(13) OCCUPATION *Farm laborer*
(20) Number of children born to mother, including present birth *4*

MOTHER
(14) NAME BEFORE MARRIAGE *Ells McTain*
(15) PRESENT POSTOFFICE OF MOTHER *Churches SC*
(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *22*
(Years)
(18) BIRTHPLACE *SC*
(19) OCCUPATION *Farm laborer*
(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 *White* at *11 A.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Crasy M. D. Dusen*
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Churches SC*

Given name added from a supplemental report

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

(27) Filed *Feb 10 1927* (28) *P. D. Ingemann*
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.

Registrar

Local Registrar

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