

Form No. 1.

(1) PLACE OF BIRTH.

County of Richland  
Township of Columbia

Inc. Town of Columbia  
City of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

47200

Registration District No. 38a Registered No. 1034

(For use of Local Registrar)  
St.: 4th Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maya Elizabeth Richmond If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Richmond  
(9) PRESENT POSTOFFICE OF FATHER 2028 Sumter St  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE Winnsboro SC  
(13) OCCUPATION Truckman at RR  
(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Olivia Johnson  
(15) PRESENT POSTOFFICE OF MOTHER 2028 Sumter St  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Winnsboro S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Charlotte Pearson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 106 Dizon Ave

Given name added from a supplemental report

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

(27) Filed 7/1 1916 Will C. G. G. G. 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.

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.

McGaw of Columbia.