

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

County of Florence  
Township of Cartersville  
OR  
Inc. Town of.....  
OR  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**34371**

Registration District No. 2002 Registered No. 35  
(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 Elizabeth Richardson

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Oct 26 22  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jim Richardson  
(9) PRESENT POSTOFFICE OF FATHER Cartersville S.C.  
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 50 (Year)  
(12) BIRTHPLACE Florence Co.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Mella Carter  
(15) PRESENT POSTOFFICE OF MOTHER Cartersville S.C.  
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 50 (Year)  
(18) BIRTHPLACE Florence Co.  
(19) OCCUPATION Housework  
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Lena Lee  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cartersville S.C.

Given name added from a supplemental report

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

19 Registrar (27) Filed 19 (28) 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.