

(1) PLACE OF BIRTH

County of SumterTownship of Stableburg

Inc. Town of _____

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

File No. — For State Registrar Only

66479

Registration District No. 409Registered No. 61

(For use of Local Registrar)

(2) Full Name of Child John Richardson

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? Yes(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH 6 19

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Richardson(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Four

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Lane(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 P.M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.(23) (Signature) Dr. J. H. Taylor(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness A. F. Taylor

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

(27) Filed 6/10/16 (28) A. F. 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.