

WRITE 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
MEGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Wade
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

15597

Registration District No. 2901 Registered No. 29
(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.)

(2) Full Name of Child

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH May 18, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Richardson
(9) PRESENT POSTOFFICE OF FATHER Owings, S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26
(Year) (12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Stewart
(15) PRESENT POSTOFFICE OF MOTHER Owings S.C.
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
(Year) (18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2:00 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Pearson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gray Court S.C.

Given name added from a supplemental report

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

(27) Filed June 8, 1922 (28) M. C. Mahore
Registrar 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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State Only

Ward

make directed

22

Black

R 4

28

P. M.

Midwife

C

Registrar