

Form No. 1

## (1) PLACE OF BIRTH

County of OrangeTownship of OrangeInc. Town of OrangeCity of Orange

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert C. Richardson Jr.

No. for State Registrar Only

40915

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2401 Registered No. 12  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

(3) SEX OF CHILD Male (4) DATE OF BIRTH 12-31-19  
(5) TIME OF BIRTH 12:31  
(6) NAME OF MOTHER Robert C. Richardson Jr.

FATHER: (7) FULL NAME Robert C. Richardson Jr.  
(8) PRESENT POSTOFFICE OF FATHER Orange  
(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 1  
(11) BIRTHPLACE Orange  
(12) OCCUPATION None

MOTHER: (13) NAME BEFORE MARRIAGE Robert C. Richardson Jr.  
(14) PRESENT POSTOFFICE OF MOTHER Orange  
(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 1  
(17) BIRTHPLACE Orange  
(18) OCCUPATION None

(19) Number of children born to mother, including present birth 2  
(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was at 12:31 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(22) (Signature) Dr. C. Richardson Jr.  
(23) Name whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness Dr. C. Richardson Jr.  
(26) Signature of Witness necessary only when question 23 is signed by mark(27) Filed 1/19/20 (28) Dr. C. Richardson Jr. Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child becomes dead while in the womb, no report is desired of stillbirths.