

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

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

## (2) Full Name of Child

File No.—For State Registrar Only

88833

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

904

Registered No.

110

(For use of Local Registrar)

St.; Ward)

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 7, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robert Richardson

(9) PRESENT POSTOFFICE OF FATHER

Gas sold H.C.

(10) COLOR OR RACE

Blk

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Gas sold

(13) OCCUPATION

House

(20) Number of children born to mother, including present birth

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Pauline Whaley

(15) PRESENT POSTOFFICE OF MOTHER

Gas sold

(16) COLOR OR RACE

Blk

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Gas sold

(19) OCCUPATION

House Wife

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was at on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

X. Robert Richardson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Parent 81 Charleston St.

Given name added from a supplemental report

1916

Registrar

(26) Witness

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

(27) Filed

Dec 10 1916

(28)

R. F. Grinnall

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.

fifth month of pregnancy.

Form No. 10. AGAIN RESERVE 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.

State of Columbia.