

(1) PLACE OF BIRTH

County of York
Township of King's Mt.
or
In. Town of Chowchilla
or
City of _____ (No. _____ St. _____ Ward _____)
(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

No. _____ For this Register only

30649

Registration District No. 4407 Registered No. 114
(For use of Local Registrar)

(2) Full Name of Child Willie Richardson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Infant To be reported only in event of Twins or Triplets (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 14, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Richardson
(9) PRESENT POSTOFFICE OF FATHER Rock Hill SC 7
(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 21 (3) (Year)
(12) BIRTHPLACE SC
(13) OCCUPATION farmer
(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Wade
(15) PRESENT POSTOFFICE OF MOTHER Rock Hill SC
(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE SC
(19) OCCUPATION farmer
(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(22) (Signature) L. W. Wade

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Chowchilla

Given name added from a supplemental report

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

(26) Filed Sept 20, 1923 (27) Local Registrar Lester D.

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.

(28) Registrar Lester D.

(29) Filed Oct 6, 1923 (30) Local Registrar J. H. Thibault

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