

Form No. 1

## (1) PLACE OF BIRTH

County of LaurensTownship of Smithor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 500 Registered No. 7

(For use of Local Registrar)

City of ..... (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 Richardson John Allen If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>—</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>—</u>	(6) Age of mother <u>25</u>	(7) DATE OF BIRTH <u>Feb 20 1925</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Benjamin Allen</u>	(14) NAME BEFORE MARRIAGE <u>Katie Jackson</u>	(10) PRESENT POSTOFFICE OF FATHER <u>St. Matthews S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>St. Matthews</u>
(9) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>18</u> (Year)
(15) BIRTHPLACE <u>South Carolina</u>	(17) BIRTHPLACE <u>South Carolina</u>	(18) OCCUPATION <u>Farmer work</u>	(19) OCCUPATION <u>Farmer work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12.0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Katie Jackson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness A.R. Abu (Signature of Witness necessary only when question 22 is signed by mark)(27) Place St. Matthews S.C. (28) Date Feb 20 1925

\*When there are no attending physician or midwife, then the father, mother, or other person present at the birth of the child, if a child is born, must be reported as such, and the name of the child must be given before the birth month of the child.

MARRIAGE REGISTRATION FOR BIRTHING. WITH UNIFORMS AND VARIOUS IN A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND ADD THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 2.