

(1) PLACE OF BIRTH

County of Center
 or
 Township of Course
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

12223

Registration District No. 9500Registered No. 48
(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 Mary Chess Richardson (If child is not yet named, make supplemental report as directed.)

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet?	5) Number in order of birth To be answered only in event of Twin or Triplets	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Mar. 17, 22</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Robert Richardson
 9) PRESENT POSTOFFICE OF FATHER Westminster
 10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)
 12) BIRTHPLACE Anderson
 13) OCCUPATION Farming

MOTHER.

14) NAME BEFORE MARRIAGE Lilly Herring
 15) PRESENT POSTOFFICE OF MOTHER Westminster
 16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Year)
 18) BIRTHPLACE Course
 19) OCCUPATION House Keeping

20) Number of children born to mother, including present birth 1
 21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:20 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Earle Mc
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Apr 11, 1922 (28) R. P. Master 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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