

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
 Township of Att. 4
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

42530

Registration District No. 2-103Registered No. 1160
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

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

3) BOY OR GIRL Male 4) Twin or Triplet? No 5) Number in order of birth 2 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec 5, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME William Richardson Sr.
 9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.R.
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 45 (Years)
 12) BIRTHPLACE Georgetown Co. S.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 10

MOTHER.

14) NAME BEFORE MARRIAGE Mary Jordan
 15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.R.
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 35 (Years)
 18) BIRTHPLACE Georgetown Co. S.C.
 19) OCCUPATION Domestic
 21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hager Singleton
 (24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Georgetown S.C.R. 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 12, 1923(28) R. W. Bailey 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.