

## (1) PLACE OF BIRTH

County of Charleston  
 Township of James Isd  
 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

6898

Registration District No. 904 Registered No. 26  
 (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 Benjamin Richardson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 10 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Benjamin Richardson(9) PRESENT POSTOFFICE OF FATHER James Island(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 26  
 (Year)(12) BIRTHPLACE James Island(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Washington(15) PRESENT POSTOFFICE OF MOTHER James Island(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 28  
 (Year)(18) BIRTHPLACE James Island(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) X Rachel Deabrook(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife James Island

Given name added from a supplemental report

Geo R. Deabrook  
 Registrar

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

(27) Filed Mar 15 1922 (28) B. F. Grimbale  
 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.