

Form No. 1

## (1) PLACE OF BIRTH

County of UnionTownship of Clinton

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

7780

Registration District No. 3200 Registered No. 19  
(For use of Local Registrar)

(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 Frederick Harrison (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be covered only in event of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 5, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME W. H. Richardson(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 44  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Wanda Wilson(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE ...(19) OCCUPATION ...(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 born alive at 11:50 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Richardson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Clinton S.C.

(Given name added from a supplemental report)

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

(27) Filed June 5, 1922 (28) Local Registrar W. H. Richardson

\*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.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 3.

McCombs of Columbia, Columbia, S. C.