

(1) PLACE OF BIRTH

County of Lancaster
 Township of Deepford
 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

19149

Registration District No. 289Registered No. 41
(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

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 6.6.1912
 To be answered only in event of Twin or Triplet (Name of Month (Day) (Year))

FATHER.

(8) FULL NAME Will Richardson(9) PRESENT POSTOFFICE OF FATHER Lancaster R 2(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE S C(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Gray(15) PRESENT POSTOFFICE OF MOTHER Lancaster R 2(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S C(19) OCCUPATION house work(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M., on the date above stated, (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) James Adams(23) State whether Physician or Midwife (24) Address of Physician or Midwife mid wife Lancaster R 2

Given name added from a supplemental report

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

(26) Filed July 10 1912 (27) A. M. Hinson 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.