

(1) PLACE OF BIRTH

County of *Charleston*
Township of *James Isld*
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
71807

Registration District No. *904* Registered No. *76*
(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 *William Richardson* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *August 10, 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Primus Richardson*
(9) PRESENT POSTOFFICE OF FATHER *James Island*
(10) COLOR OR RACE *Blk.* (11) AGE AT LAST BIRTHDAY *19* (Years)
(12) BIRTHPLACE *James Island*
(13) OCCUPATION *Farmer*

MOTHER.
(14) NAME BEFORE MARRIAGE *Alice Brown*
(15) PRESENT POSTOFFICE OF MOTHER *James Island*
(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY *18* (Years)
(18) BIRTHPLACE *James Island*
(19) OCCUPATION *House wife*

(20) Number of children born to mother, including present birth (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* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *A. C. Jones* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
Geo. R. Seal 191.
Local Registrar

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

(27) Filed *August 15, 1916* (28) *R. F. Grinnell* 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.

WHERE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
CHRY. of Columbia