

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.
Chav. of Columbia

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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)

(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?

(7) DATE OF BIRTH

August 10, 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME

Primus Richardson

(14) NAME BEFORE MARRIAGE

Alice Brown

(9) PRESENT POSTOFFICE OF FATHER

James Island

(15) PRESENT POSTOFFICE OF MOTHER

James Island

(10) COLOR OR RACE

Blk.

(11) AGE AT LAST BIRTHDAY

19
(Years)

(16) COLOR OR RACE

Blk.

(17) AGE AT LAST BIRTHDAY

18
(Years)

(12) BIRTHPLACE

James Island

(18) BIRTHPLACE

James Island

(13) OCCUPATION

Farmer

(19) OCCUPATION

House wife

(20) Number of children born to mother, including present birth

1

(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 on the date above stated.

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

Given name added from a supplemental report

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

Geo. R. Seabrook
Local Registrar

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