

(1) PLACE OF BIRTH
County of Greenville
Township of Laurin
or
Inc. Town of
or
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
56064

Registration District No. 2206 Registered No. 36
(For use of Local Registrar)
(2) Full Name of Child Black Evelyn Richardson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>Is he entered only in case of twins or triplets</small>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 17</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>John Richardson</u>			(14) NAME BEFORE MARRIAGE <u>Betha Richardson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>	
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>	
(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Laurin S.C.</u>			(18) BIRTHPLACE <u>Laurin S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Horn Keeper</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 6 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Letha Lillard
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Simpsonville

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

(27) Filed May 10 1916 (28) M. D. Quaker
Registrar 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.

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Registrar (29) Filed May 14 1916 (30) P. M.
Local Registrar

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WHEN PLEASELY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. D.—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.
McCaw, of Columbia.