

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. Paul
 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

3758

Registration District No. 1311Registered No. 15
(For use of Local Registrar)

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

(2) Full Name of Child Daniel Richardson 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 Feb 22 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eugene Richardson(9) PRESENT POSTOFFICE OF FATHER St. Paul, S.C.(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE Clarendon Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Delia Felder(15) PRESENT POSTOFFICE OF MOTHER St. Paul, S.C.(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 26 (Year)(18) BIRTHPLACE Clarendon Co. S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour) (M. or P.)(23) (Signature) J. H. H. H. H.(24) State whether Physician or Midwife Physician Address of Physician or Midwife St. Paul, S.C.

Given name added from a supplemental report

(25) Witness Eunice King (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Mar 9 1922 J. H. H. H. 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.

MARGIN HERE IS FOR INDEXING

THIS CERTIFICATE, WITH THEREAFTER PROVIDED IN A PREPARATORY REPORT, IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C., AT THE TIME OF THE BIRTH OF THE CHILD, AND MUST BE RETURNED TO THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C., WITH THE OTHER, NO. 2, etc., IN QUESTION 6.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.