

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No. 74859 For State Registrar Only

(1) PLACE OF BIRTH  
County of Sumter  
Township of .....  
or  
Inc. Town of .....  
or  
City of Sumter (No. 4 Bee)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 41a Registered No. 13-0  
(For use of Local Registrar)  
St.; 3 Ward

(2) Full Name of Child George O 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 Aug 29 1906  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME George Richardson  
(9) PRESENT POSTOFFICE OF FATHER Sumter SC  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40 (Years)  
(12) BIRTHPLACE Sumter County SC  
(13) OCCUPATION Callan Truck  
(20) Number of children born to mother, including present birth 2

MOTHER  
(14) NAME BEFORE MARRIAGE Emma Linn Sreet  
(15) PRESENT POSTOFFICE OF MOTHER Sumter SC  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)  
(18) BIRTHPLACE Sumter County SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Minnie Wright  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 30 1906 (28) W J McKee 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 RESERVED FOR BINDING.  
WRITE IN INK, 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia.