

Form No. 1

(1) PLACE OF BIRTH

County of Horry
 Township of Log Bluff
 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
77548

Registration District No. 2563 Registered No. 17
 (For use of Local Registrar)

(2) Full Name of Child Gessie Ellen Richardson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept, 20 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Harvey Richardson
 (9) PRESENT POSTOFFICE OF FATHER Jordanville S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Horry Co., S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Mellie Martin
 (15) PRESENT POSTOFFICE OF MOTHER Jordanville S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)
 (18) BIRTHPLACE Horry Co., S.C.
 (19) OCCUPATION Housewife
 (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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. A. Capps
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Jordanville S.C.

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 10/5 1916 (28) Thomas C. Johnson 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.

WRITE FULLY IN PENCIL IN THESE SPACES IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND IN CASE OF FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCray of Columbia.