

Form No. 1

(1) PLACE OF BIRTH

County of ItomTownship of 2log Bluff

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

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? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 20</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <u>Harvey Richardson</u>	(14) NAME BEFORE MARRIAGE <u>Mellie Martin</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Jordanville S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Jordanville S.C.</u>
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Itom Co. S.C.</u>	(18) BIRTHPLACE <u>Itom Co. S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>

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. D. Capps

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Jordanville S.C.

Given name added from a supplemental report

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

(27) Filed 10/5 1916 (28) Thomas S. 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 PLAINLY—WRITING UNFADING INK—FILL IN A SEPARATE BLANK FOR EACH CHILD, and
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McClary of Columbia.