

(1) PLACE OF BIRTH

County of *Charleston*Township of *James Del*

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

71805

Registration District No. *904* Registered No. *74*

(For use of Local Registrar)

(2) Full Name of Child *Maggie Richardson* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *August 13* 191*6*

(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME *Frank Richardson* (14) NAME BEFORE MARRIAGE *Mariah Drayton*(9) PRESENT POSTOFFICE OF FATHER *Jas Told* (15) PRESENT POSTOFFICE OF MOTHER(10) COLOR OR RACE *Blk* (11) AGE AT LAST BIRTHDAY *30* (16) COLOR OR RACE *Blk* (17) AGE AT LAST BIRTHDAY *28*(12) BIRTHPLACE *Jas Told* (18) BIRTHPLACE *Jas Told*(13) OCCUPATION *farmer* (19) OCCUPATION *house wife*(20) Number of children born to mother, including present birth *7* (21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *...* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *A. Emma Richardson*

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

Given name added from a supplemental report

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

(27) Filed *August 16* 191*6* (28) *B. H. Carriaball* 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.

FORM NO. 10. MARKED RESERVES FOR BINDING. WHERE PLAINLY, WERE 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 copy of Columbia.