

Form No. 3

## (1) PLACE OF BIRTH

County of Marion  
 Township of Le Little  
 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

43621

Registration District No. 3202

Registered No. \_\_\_\_\_

(For use of Local Registrar.)

(No. \_\_\_\_\_)

St., \_\_\_\_\_

Ward) \_\_\_\_\_

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

## (2) Full Name of Child

Ernest 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? No (7) DATE OF BIRTH Sept 25, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Clyde Richardson(9) PRESENT POSTOFFICE OF FATHER Gresham Ss.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Marion Co(13) OCCUPATION Farm(14) Number of children born to mother, including present birth 5

## MOTHER

(14) NAME BEFORE MARRIAGE Glennie Cheest(15) PRESENT POSTOFFICE OF MOTHER Gresham Ss.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Henry Co(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 born at 3 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna J. Indal

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

Midwife Gresham Ss.

Given name added from a supplemental report

(26) Witness G. M. Miller

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

(27) Filled Jan 10, 1923 W. H. Rowell Local Registrar.19\_\_\_\_  
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.