

WRITE PLAINLY, 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, No. 1, THE OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Richland
Township of Cola No. 16

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

36235

Inc. Town of Registration District No. 38a Registered No. 1851
(For use of Local Registrar)
City of (No. Olympia 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 Earnest Richardson Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 30 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Earnest Richardson Jr.
(9) PRESENT POSTOFFICE OF FATHER Rt 4 Cola No. 16
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Lynchburg Va
(13) OCCUPATION Public worker
(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Flourance Brown
(15) PRESENT POSTOFFICE OF MOTHER Rt 4 Cola No. 16
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Lynchburg Va
(19) OCCUPATION House work
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated. in month
(23) (Signature) Rachel Wright
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Rt 4 Cola No. 16

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

(26) Witness Hanna Hall
(Signature of Witness necessary only when question 25 is signed by male)
(27) Filed 11-12-1922 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.

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.