Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of ~~[illegible]~~

or

Inc. Town of Williamston

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

[illegible] 31555

Registration District No. 3-C Registered No. 107
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Charles Milt Richardson Jr. — If child is not yet named, make supplemental report as directed.

(3) Boy or Girl?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) Date of Birth
Boy -	To be answered only in event of Twins or Triplets		yes	Nov. 7 1925 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) Full Name: Charles Milt Richardson Jr.	(14) Name before marriage: Pearl Darnell
(9) Present Postoffice of Father: Williamston, S.C.	(15) Present Postoffice of Mother: Williamston, S.C.
(10) Color or Race: white (11) Age at last birthday: 46 (Years)	(16) Color or Race: white (17) Age at last birthday: 32 (Years)
(12) Birthplace: Piedmont S.C.	(18) Birthplace: Williamston S.C.
(13) Occupation: Farmer -	(19) Occupation: Housewife
(20) Number of children born to mother, including present birth: 4	(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 alive (Born alive or stillborn) at 8 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A R Guyton M.D. Williamston S.C.

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

Given name added from a supplemental report

.....

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 18 is signed by mark)

(27) Filed 12-11- 1929 (28) Allen Russell
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.