

(1) PLACE OF BIRTH

County of ClarendonTownship of Guthrie

OR

Inc. Town of

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

File No.—For State Registrar Only

76434

Registration District No. 1305 Registered No. 132

(For use of Local Registrar)

(2) Full Name of Child Amos Richardson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 3, 1916</u> (Name or Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Richard Richardson</u>	(14) NAME BEFORE MARRIAGE <u>Paddy Ballard</u>		

(9) PRESENT POSTOFFICE OF FATHER <u>Rumini SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rumini SC</u>
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(10) COLOR OR RACE <u>negro</u>	(12) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(18) AGE AT LAST BIRTHDAY <u>28</u> (Years)
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(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>
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(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>domestic</u>
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(20) Number of children born to mother, including present birth <u>Four</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 6 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Stukes

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

midwife Rumini SC

Given name added from a supplemental report

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

(27) Filled 1916 (28) Thy J. Seach 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.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.