

(1) PLACE OF BIRTH

County of Charleston
 Township of James Island
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. for this Register 31474

Registration District No. 904 Registered No. 76
 (For use of Local Registrar)

City of (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 Richard Richardson (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD B (4) Type or Triplet No (5) Number in order of birth 1 (6) Age of Child yes (7) DATE OF BIRTH Sept 30, 1923
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Malcolm Richardson
 (9) PRESENT RESIDENCE OF FATHER 11 Charleston S.C.
 (10) COLOR OR RACE Wal (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE James Island S.C.
 (13) OCCUPATION Farm hand

MOTHER.

(14) NAME BEFORE MARRIAGE Wilhelmina Christian
 (15) PRESENT RESIDENCE OF MOTHER 11 Charleston S.C.
 (16) COLOR OR RACE Wal (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE James Island S.C.
 (19) OCCUPATION Farm helper

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Arthur Brown (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife N. Charleston S.C.

Given name added from a supplemental report

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

(27) Filed Oct 15, 1923 (28) 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 stillborns before the fifth month of pregnancy.