

(1) PLACE OF BIRTH

County of Sumter  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Sumter

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**91958**

Registration District No. 41.00 Registered No. 256  
 (For use of Local Registrar)  
 (No. 114 N. Main St.; ..... 2 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 30, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Samuel Richardson

(9) PRESENT POSTOFFICE OF FATHER Sumter SC

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40  
(Years)

(12) BIRTHPLACE Sumter SC

(13) OCCUPATION Restaurant

(20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Hettie Shaw

(15) PRESENT POSTOFFICE OF MOTHER Sumter SC

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 38  
(Years)

(18) BIRTHPLACE Sumter SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henrietta Burroughs  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report

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

(27) Filed Jay 8, 1917 (28) N. J. McKee 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.