

4/19/46

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MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

Record in Ball

 U. S. Dept. of Commerce
 Bureau of the Census

1. PLACE OF BIRTH

County of Richland

Township of.....

or

Inc. Town of.....

or

City of Columbia

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
Registration District No. 38A Registered No.

(For use of Local Registrar)

(No. St.; Ward)

2. FULL NAME OF CHILD Albert Richardson

If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? Yes	8. Date of birth <u>Feb. 8</u> , 19 <u>22</u> (Month, day, year)
		5. Number, in order of birth.....	Full term.....		

9. Full name FATHER <u>James Richardson</u>	18. Name before marriage MOTHER <u>Allie Manago</u>
10. Residence (mailing address) <u>R. #4, Box 897, Columbia, S. C.</u> (If non-resident, give place and State)	19. Residence (mailing address) <u>R. #4, Box 897, Columbia, SC</u> (If non-resident, give place and State)

11. Color or race <u>Col.</u>	12. Age at last birthday <u>50</u> (years)
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20. Color or race <u>Col</u>	21. Age at last birthday <u>45</u> (years)
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13. Birthplace (city or place) <u>Columbia</u> (State or country) <u>Richland, S. C.</u>	22. Birthplace (city or place) <u>Columbia</u> (State or country) <u>South Carolina</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>unable to work</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) last engaged in this work, 19.....		25. Date (month and year) last engaged in this work, 19.....

17. Total time (years) spent in this work, 19.....	26. Total time (years) spent in this work, 19.....
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27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>6</u> (b) Born alive but now dead <u>None</u> (c) Stillborn <u>None</u>
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28. If stillborn, period of gestation.....	months	weeks	29. Cause of stillbirth.....	Before labor.....	During labor.....
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

 { When there was no attending physician }
 { or midwife, then the father, householder, }
 { etc., should make this return. }
(Signed) Allie Richardson Parent

or..... Guardian

Given name added from a supplementary report..... (Date of).....

Address R. #4 B. 897Filed 5/1/46 Thos. P. Lesosne Registrar cl

State Registrar

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 FILE No.—For State Registrar Only
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