

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.

 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 HealthRegistration 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 Feb. 8 , 19 22 (Month, day, year)
9. Full name FATHER James Richardson		10. Residence (mailing address) R. #4, Box 897, Columbia, S. C. (If non-resident, give place and State)		18. Name before marriage MOTHER Allie Manago	
11. Color or race Col.		12. Age at last birthday 50 (years)		19. Residence (mailing address) R. #4, Box 897, Columbia, SC (If non-resident, give place and State)	
13. Birthplace (city or place) (State or country) Columbia Richland, S. C.		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unable to work		20. Color or race Col.	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		16. Date (month and year) last engaged in this work		21. Age at last birthday 45 (years)	
17. Total time (years) spent in this work		18. Birthplace (city or place) (State or country) Columbia South Carolina		22. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper	
19. Total time (years) spent in this work		23. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.		24. Date (month and year) last engaged in this work	
25. Total time (years) spent in this work		26. Total time (years) spent in this work		27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead None (c) Stillborn None	
28. If stillborn, name, period of gestation		29. Cause of stillbirth		Before labor	
				During labor	

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. }
Given name added from
a supplementary report

(Date of)

State Registrar

(Signed) Allie Richardson Parent

or Guardian

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

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FILE No.—For State Registrar Only

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