

FORM NO. 4. 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.

(1) PLACE OF BIRTH  
 County of Chester  
 Township of .....

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

File No. — For State Registrar Only  
**76236**

Inc. Town of ..... Registration District No. 11A Registered No. 90  
 or ..... (For use of Local Registrar)  
 City of Chester (No. 145 Laurel St.) 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. Susie Alma Richardson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? ..... (4) Twin or Triplet? ..... (5) Number in order of birth 2nd (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 1, 1916  
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mrs. Hampton Richardson

(9) PRESENT POSTOFFICE OF FATHER Chester S. C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Raleigh N. C.

(13) OCCUPATION Supt. Ice Factory

(20) Number of children born to mother, including present birth { Two }

MOTHER.

(14) NAME BEFORE MARRIAGE Susie Elmore Garrison

(15) PRESENT POSTOFFICE OF MOTHER Chester S. C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Chester Co. S. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { Two }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:45 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ..... H. E. M. Council

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester S. C.

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 9/3 1916 (28) Jess. H. Green 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.