

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

CERTIFICATE OF BIRTH

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

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

Registration District No. 11A Registered No. 90  
(For use of Local Registrar)  
No. 145 Laurel St. St.; 3 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? <u>girl</u>	(4) Twin or Triplet? <u>no</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>2nd</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 1, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Wade 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. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. E. McConnel

(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)  
Jess H. H. H.

(27) Filed 9/3 1916 (28) Jess H. H. H. 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.