

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.

(1) PLACE OF BIRTH County of <u>Greenwood</u> Township of <u>Brookton</u> or Inc. Town of		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics. State Board of Health		File No.—For State Registrar Only 85904
City of		Registration District No. <u>2301</u> . Registered No. <u>316</u> (For use of Local Registrar)		(No.) 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 <u>Essie May Richards</u> (If child is not yet named, make supplemental report as directed)				
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 14 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Jessie Richards</u>			(14) NAME BEFORE MARRIAGE <u>Mattie Belle Moore</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Minette Dix</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Minette Dix</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Greenwood</u>			(18) BIRTHPLACE <u>Greenwood</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farm Laborer</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was ... <u>Alive #3</u> ... at <u>4:30 AM.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)				
(23) (Signature) <u>Mary Jean</u>				
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Midwife</u> <u>Greenwood</u>				
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)	
.....			
..... 19			(27) Filed <u>Nov 16 1916</u> (28) <u>W. H. King</u> Registrar 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.