

Form No. 1

## (1) PLACE OF BIRTH

County of Dorchester  
 Township of Collins  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
42192

Registration District No. 1706

Registered No. 26  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Emeline Richison  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 11, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thomas Richison

(9) PRESENT POSTOFFICE OF FATHER Summersville, S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 45  
 (Years)

(12) BIRTHPLACE Dorchester Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Isabella Edwards

(15) PRESENT POSTOFFICE OF MOTHER Summersville, S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35  
 (Years)

(18) BIRTHPLACE Dorchester Co

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Julia A. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mid Wife Ravenscroft, S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 13, 1922 (28) R.B. Boyle 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.

DO NOT WRITE IN UNFADING INK—THIS IS A PERMANENT RECORD.

IF 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.

McGAW OF COLUMBIA, COLUMBIA, S. C.