

Form No 1.

(1) PLACE OF BIRTH
County of **RICHLAND**
Township of **LOWER**

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

File No.—For State Registrar Only
66070

Inc. Town of Registration District No. **2803** Registered No. **169**
(For use of Local Registrar)
City of (No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Willie Randolph** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl	(4) Twin or Triplet?	(5) Number in order of birth 1st	(6) Are Parents Married? Yes	(7) DATE OF BIRTH June 13, 1916 (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME Archer Randolph		(14) NAME BEFORE MARRIAGE Emmie Weston		
(9) PRESENT POSTOFFICE OF FATHER Congaree		(15) PRESENT POSTOFFICE OF MOTHER Congaree		
(10) COLOR OR RACE NEGRO	(11) AGE AT LAST BIRTHDAY 23 (Years)	(16) COLOR OR RACE NEGRO	(17) AGE AT LAST BIRTHDAY 20 (Years)	
(12) BIRTHPLACE SC		(18) BIRTHPLACE SC		
(13) OCCUPATION Farmer		(19) OCCUPATION Housewife		
(20) Number of children born to mother, including present birth 1		(21) Number of children of this mother now living, including present birth 1		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **11:30 P.** M. on the date above stated. (Born alive or stillborn) (Hour & Day or P. M.)

(23) (Signature) **Lusana Wright**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
MIDWIFE **Congaree**

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 **6/13/16** (28) **F. D. Smith**
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.

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 3.

McCauley, of Columbia.