Form No. 1

(1) PLACE OF BIRTH

County of Berkeley

Township of Cainhoy

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
17713

Registration District No. 708 Registered No. 73
(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 Paul Richardson — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
			Yes	June 23rd 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnnie Richardson

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

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Berkeley Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Mary Mack

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

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Berkeley Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.00 A.M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Jane Richardson

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Cross S.C.

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed June 29th 22 (28) D.W. Cross 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.

NEATLY PRINTED RECORDS ARE EASILY READ
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WRITE PLAINLY, WITH PEN AND INK
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No. 2—For name of Township, see Tax Digest, Art. 2, sec. 1a, subsection 5.
No. 3—For name of Incorporated Town, see Tax Digest, Art. 2, sec. 1a, subsection 6.
Bureau of Columbia, S. C.