

MARGIN RESERVED FOR BINDING.

WHITE 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.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richmond
Township of Richmond
OR
Inc. Town of
OR
City of

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

(2) Full Name of Child

Baby Richardson

File No.—For State Registrar Only

34191

CERTIFICATE OF BIRTH

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

Registration District No. 170 Registered No. 43
(For use of Local Registrar)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 15 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Richardson
(9) PRESENT POSTOFFICE OF FATHER Summersville S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21
(Year) (12) BIRTHPLACE Windsburg Ga.
(13) OCCUPATION Labourer
(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Maime Ruth
(15) PRESENT POSTOFFICE OF MOTHER Summersville S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(Year) (18) BIRTHPLACE Windsburg Ga.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was maimed at 12:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Lewis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 25 1922 (28) W. A. Lewis Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make and 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.