

Form No 1.

(1) PLACE OF BIRTH

County of GreenwoodTownship of 9or
Inc. Town of Greenwoodor
City of Greenwood (No. 533, Phoenix)

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

(2) Full Name of Child Howard Chandler Richey

File No.—For State Registrar Only

43103

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 73A Registered No. 179

(For use of Local Registrar)

St. 2 Ward 2

If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1915

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Richey(9) PRESENT POSTOFFICE OF FATHER Greenwood(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Abbeville, Co(13) OCCUPATION Day Laborer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Williams(15) PRESENT POSTOFFICE OF MOTHER Greenwood(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Newberry, Co(19) OCCUPATION Domestic Duties(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosa X. Wright

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191.....

Registrar

(26) Witness J. W. Harlow

(Signature of Witness necessary only when question 22 is signed by marks)

(27) Filed Jan 6 191..... (28) N. A. Williams 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 5.

McCaw, of Columbia