

Form No. 1

(1) PLACE OF BIRTH

County of Sumter
 Township of Com. Com.
 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

16860

Registration District No. Registered No. 35

(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 Eligh Richerson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? Twins (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH May 5, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Richerson(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.R.I.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Frances Perry(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.R.I.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION housewife(21) 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 Born alive at 5:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary McKinnis (24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness J. D. Kinney (Signature of witness necessary only when question 23 is signed by mark)(27) Filed May 12, 1922 (28) Mary R. A. Kinney 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. PREPARED BY THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. PRINTED AT THE STATE PRINTING HOUSE, COLUMBIA, S. C.