

Form No. 10.

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.
Caw. of Columbia.

(1) PLACE OF BIRTH

County of Berkeley.....

Township of 1st St. Johns

or
Inc. Town of

City of (No.) St.: Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63241

Registration District No. 702 Registered No. 36

(2) Full Name of Child. Henry Richmond { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>GIRL?</u>	(4) Twin or Triplet? <u>No</u> <small>Is to be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>31</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 15, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Addy C. Richmond</u>	(14) NAME BEFORE MARRIAGE <u>Pauline Jackson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Cordova SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cordova SC</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Berkeley SC</u>	(18) BIRTHPLACE <u>Kennerly I.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thas. G. Bradford

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cordovaville S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness J. H. Bagger
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6-21-1916 (28) J. C. H. Bagger
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.