

(1) PLACE OF BIRTH

County of Greenville
Township of Austinor
Inc. Town ofor
City of(If birth occurs in a hospital or other institution give name of same instead of street and number.)
Registration District No. 2200 Registered No. 76
(For use of Local Registrar)(2) Full Name of Child Guy Richardson

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 18</u> (Name of Month) (Day) 191 <u>4</u> (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ben Richardson</u>	(14) NAME BEFORE MARRIAGE <u>Jillie Henry</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(18) BIRTHPLACE <u>S. C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housekeeping</u>			
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M.,
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. L. Richardson M.D.

(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 Sept. 5 1914 (28) L. L. Richardson
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.