

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

(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

37009

Registration District No. 717A

Registered No. 110

(For use of Local Registrar)

(2) Full Name of Child

John Henry Richardson

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

None

(5) Number in order of birth

First

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov 19

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur Richardson

(9) PRESENT POSTOFFICE OF FATHER

Langley S C

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42

(Years)

(12) BIRTHPLACE

Langley S C

(13) OCCUPATION

Cotton Mill

(14) Number of children born to mother, including present birth

Two

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Carroll

(15) PRESENT POSTOFFICE OF MOTHER

Langley S C

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

Langley S C

(19) OCCUPATION

Cotton Mill

(20) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 7 A.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature)

L. H. Spradley M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Langley S C

Given name added from a supplemental report

(26) Witness

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

(27) WITNESSED Dec 5 1912

(28) L. H. Spradley Local Registrar

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.

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