

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.

McCAIN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland
 Township of Columbia

Inc. Town of
 or
 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

2337

Registration District No. 380 Registered No. 1046

(For use of Local Registrar)

(2) Full Name of Child Eddie Vanghn Richardson

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 12

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 23, 22

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER Richardson

MOTHER.

(8) FULL NAME William Richardson

(14) NAME BEFORE MARRIAGE Hennil Williams

(9) PRESENT POSTOFFICE OF FATHER Columbia

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(10) COLOR OR RACE Colard (11) AGE AT LAST BIRTHDAY 46 (Years)

(16) COLOR OR RACE Colard (17) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Laurens County

(18) BIRTHPLACE Laurens S C

(13) OCCUPATION Manager Construction Co.

(19) OCCUPATION House Keeping

(20) Number of children born to mother, including present birth 12

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Murphy

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

Given name added from a supplemental report

Count order #266

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

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(27) Filed 1-31 19

*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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