

# CERTIFICATE OF BIRTH

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

**File No.—For State Registrar Only**

90867

County of Marion.....

Township of Britton...Tuck

OF

INC. TOWN OF.....  
OF.....

City of .....

Registration District No. 3.2. u.b

Registered No. .... 74 ....

(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 Esai Earlson Richard If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Dec 12, 1916 (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
1	2	1	2
3	4	3	4
5	6	5	6
7	8	7	8
9	10	9	10
11	12	11	12
13	14	13	14
15	16	15	16
17	18	17	18
19	20	19	20
21	22	21	22
23	24	23	24
25	26	25	26
27	28	27	28
29	30	29	30
31	32	31	32
33	34	33	34
35	36	35	36
37	38	37	38
39	40	39	40
41	42	41	42
43	44	43	44
45	46	45	46
47	48	47	48
49	50	49	50
51	52	51	52
53	54	53	54
55	56	55	56
57	58	57	58
59	60	59	60
61	62	61	62
63	64	63	64
65	66	65	66
67	68	67	68
69	70	69	70
71	72	71	72
73	74	73	74
75	76	75	76
77	78	77	78
79	80	79	80
81	82	81	82
83	84	83	84
85	86	85	86
87	88	87	88
89	90	89	90
91	92	91	92
93	94	93	94
95	96	95	96
97	98	97	98
99	100	99	100

(3) FULL NAME Boyd Richardson (14) NAME BEFORE MARRIAGE Prudence Richard

(9) PRESENT POSTOFFICE OF FATHER Eulcoria, S.C.

(15) PRESENT POSTOFFICE OF MOTHER Eulcoria, S.C.

(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY
White	32 (Years)	White	38 (Years)

(12) BIRTHPLACE Marion Co.

(13) OCCUPATION	(19) OCCUPATION
Domestic	Housewife

20) Number of children born to mother, including present birth 1 6

21) Number of children of this mother now living, including present birth 1 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) L. Maria Douglas  
(24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife \_\_\_\_\_

Midwife Ellen Brown

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only)

when question 23 is signed by mark)

James E. Dozier

....., 19 ....., (27) Filed ..... 19 ....., (28) ..... Local Registrar.  
Registrar  
..... than 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.

[illegible]

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*[Faint, illegible text]*

[illegible]

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