

IN PLACE OF BIRTH

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of Effingham

Township of Effingham

or Inc. Town of Effingham

City of Effingham

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

File No. — For State Registrar Only  
**22141**

Registration District No. 2004 Registered No. 39  
(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.)

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

(2) Full Name of Child

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH June 4 1922  
(Specify Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Wesley Richardson

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

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE France

(13) OCCUPATION Farmer

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Myra Seale

(15) PRESENT POSTOFFICE OF MOTHER Effingham

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Finney Co

(19) OCCUPATION Teacher

(21) 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 alive at 12 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Maria Seale

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Effingham, S.C.

Given name added from a supplemental report

(26) Witness James Hill

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

(27) Filed June 10 1922

(28) S. C. Hill

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.

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N. B. — IN CASE OF TWINS OR TRIPLETS, ETC., OTHER, No. 2, etc., in question 3.

McGAW OF COLUMBIA, COLUMBIA, S. C.