

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA.		84644	
Township of		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of <u>Charleston</u>		Registration District No. <u>9A</u>		Registered No. <u>1272</u>	
If birth occurs in a hospital or other institution, give name of same instead of street and number.		(No. <u>Baker St.</u>)		(For use of Local Registrar)	
(2) Full Name of Child <u>William Boone Richardson</u>		St. <u>Ward</u>		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age Parents Married? <u>44</u>	(7) DATE OF BIRTH <u>Nov. 8, 1916</u>	(Name of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <u>W.B.R. Minton</u>			(14) NAME BEFORE MARRIAGE <u>Winnie Adams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>6 C. House Sq.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>6 C. House Sq.</u>		
(10) COLOR OR RACE <u>White</u>			(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(16) COLOR OR RACE <u>White</u>		
(13) OCCUPATION <u>Electrician</u>			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(18) BIRTHPLACE <u>SC</u>			(19) OCCUPATION <u>House</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 <u>born alive</u> at <u>9 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. G. Beck</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>City.</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>11/23/16</u> (28) <u>L. A. Riser M.D.</u> 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.

Registrar.

Filed

Nov. 10/24/16