

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.
 M.C. 441 of Columbia

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 OR
 Inc. Town of
 OR
 City of Charleston

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

File No.—For State Registrar Only
84644

Registration District No. 9A Registered No. 1272
 (For use of Local Registrar)
 City of Charleston (No. Boyer Def. 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 William Boone Richardson Jr. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 8</u> 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>W.B.R. Rixner</u>		(14) NAME BEFORE MARRIAGE <u>Winnie Adams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>6 Ct. House Sq.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>6 Ct. House Sq.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>SC</u>		(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Electrician</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 born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. B. Deak
 (24) State whether Physician or Midwife Mid. (25) Address of Physician or Midwife City.

Given name added from a supplemental report
11/23/16 1916
L. A. Riser M.D.
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 11/17 1916 (28) J. B. Deak 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.

Sponsored as stillborn 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.
 Filed 10/24/17
 Registrar