

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.

## (1) PLACE OF BIRTH

County of Charleston  
 Township of James Isd  
 OR  
 Inc. Town of .....  
 OR  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41368

Registration District No. 904 Registered No. 91  
 (For use of Local Registrar)

(No. .... St.; .... Word)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lillian Richardson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 2, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Armmie Richardson

(9) PRESENT POSTOFFICE OF FATHER James Island

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 31  
 (Years)

(12) BIRTHPLACE James Island

(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Moore

(15) PRESENT POSTOFFICE OF MOTHER James Island

(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 30  
 (Years)

(18) BIRTHPLACE James Island

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 5

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) X. B. Gentry (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife James Island

Given name added from a supplemental report

Geo. R. Seaport  
 Registrar

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

(27) Wm. R. 22 (28) R. L. Grinstead  
 Local Registrar

\*When there was no attending physician or midwife, 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.