

(1) PLACE OF BIRTH

County of ... Aiken

Township of

or
Inc. Town of

or
City of ... Aiken

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 2A

No. 5840 - For State Registrar Only

Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child Cecil Thomas Richardson

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar 13 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Henry Richardson</u>		(10) NAME BEFORE MARRIAGE <u>Korene Green</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Rath, P.C.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Rath, P.C.</u>		
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(16) BIRTHPLACE <u>Aiken Co., P.C.</u>		(17) BIRTHPLACE <u>Aiken Co., S.C.</u>		
(18) OCCUPATION <u>Mill hand</u>		(19) OCCUPATION <u>House work</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:45 P.M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/16 19 23

(28) [Signature]
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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