

Form No. 1

## (1) PLACE OF BIRTH

County of

*Kershaw*

Township of

*Filat Rock*

Inc. Town of

City of

(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

File No.—For State Registrar Only

69054

Registration District No. *2702*Registered No. *65*

(For use of Local Registrar)

2. Full Name of Child *Maggie Richard*

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

(3) BOY OR GIRL? *girl*

(4) Twin or Triplet?

(5) Number in order of birth *1*(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

*June, 30<sup>th</sup>*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Anthony Richard*

(9) PRESENT POSTOFFICE OF FATHER

*Killgo S.C.*(10) COLOR OR RACE *Coloured*(11) AGE AT LAST BIRTHDAY *5-1*  
(Years)

(12) BIRTHPLACE

*Liberty Hill S.C.*

(13) OCCUPATION

*Farmer*

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

*7*

## MOTHER.

(15) NAME BEFORE MARRIAGE

*Lada Samuel*

(16) PRESENT POSTOFFICE OF MOTHER

*Killgo S.C.*(17) COLOR OR RACE *Coloured*(18) AGE AT LAST BIRTHDAY *41*  
(Years)

(19) BIRTHPLACE

*Killgo S.C.*

(20) OCCUPATION

*Farmer*

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

*6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alice* at *11* P.M., on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *W. H. E. Jones* *Midwife*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Killgo S.C.*

Given name added from a supplemental report

(26) Witness

*Anthony Richard*

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

(27) Filed

*8/8*

(28)

*W. H. E. Jones*

Registral

\*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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.