

(1) PLACE OF BIRTH

County of Charleston
Township of Bush Springs
or
Inc. Town of
or
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
87346

Registration District No. Registered No. 198
(For use of Local Registrar)

(2) Full Name of Child Marian Lu Richards { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 27, 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Frank Richards
(9) PRESENT POSTOFFICE OF FATHER Wellford SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Jovie Christopher
(15) PRESENT POSTOFFICE OF MOTHER Wellford SC 33
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. L. Thompson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Inman SC

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov 11 1916 (28) E. C. Rogers 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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