

Form No. 1

(1) PLACE OF BIRTH

County of **Sumter**.....Township of **Privateer**.....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

16041

Registration District No. **4104** Registered No. **45**.....
(For use of Local Registrar)(No. 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 **Naemia Estell 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 **May 28, 1923**
(Name of Month) (Day) (Year)8) FATHER
FULL NAME **John Richardson**9) PRESENT POSTOFFICE OF FATHER **Sumter, S.C. No. 2.**10) COLOR OR RACE **Colored** 11) AGE AT LAST BIRTHDAY **19**
(Years)12) BIRTHPLACE **Sumter Co. S.C.**13) OCCUPATION **Farming**20) Number of children born to mother, including present birth **One**MOTHER.
14) NAME BEFORE MARRIAGE **Fannie Smith**15) PRESENT POSTOFFICE OF MOTHER **Sumter, S.C. No. 2**16) COLOR OR RACE **Colored** 17) AGE AT LAST BIRTHDAY **18**
(Years)18) BIRTHPLACE **Sumter Co. S.C.**19) OCCUPATION **House and Field Work.**21) Number of children of this mother now living, including present birth **One**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Alive** at **11:30 A.M.** on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Naemia Estell Richardson**
(24) State whether Physician or Midwife **Midwife** **Sumter, S.C.**

Given name added from a supplemental report

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

(27) Filed **6-4-1923** (28) **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.