

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

18296

County of Washington

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of

or
Inc. Town ofor
City of WashingtonRegistration District No. 15-A Registered No. 65

(For use of Local Registrar)

Richardson

(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

James Willard

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

3) BOY OR GIRL?

Girl

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

no

7) DATE OF BIRTH

June 10 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

James Willard

9) PRESENT POSTOFFICE OF FATHER

Washington Co

10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

22

(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Truck driver

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Beal Richardson

(15) PRESENT POSTOFFICE OF MOTHER

Washington S.C

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

16

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Truck driver

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Elice Means

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Washington

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 1 1922

(28)

E. A. Earle

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

IN CASE OF TWINNING OR TRIPLETS, SEE SUPPLEMENTAL BLANK FOR EACH CHILD, SET FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.