

Form No. 1

## (1) PLACE OF BIRTH

County of RICHMONDTownship of LOWERor  
Inc. Town of Gadsdenor  
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

66072

Registration District No. 3803 Registered No. 172

(For use of Local Registrar)

(2) Full Name of Child James Rickburg

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 21 1910</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ernest Rickburg</u>			(14) NAME BEFORE MARRIAGE <u>Ruth Taylor</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gadsden S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gadsden S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)	
(12) BIRTHPLACE <u>Gadsden S.C.</u>			(18) BIRTHPLACE <u>Gadsden S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Gadsden S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Scott

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

MIDWIFE

GADSDEN

Given name added from a supplemental report

(26) Witness W. Smith

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

(27) Filed 6/30 1910(28) J. W. Smith

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.

WRITE PLAINLY, WITH SPREADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia