CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 3737

(1) PLACE OF BIRTH

County of Clarendon

Township of Summerton

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1304 Registered No. 7 (For use of Local Registrar)

(2) Full Name of Child Dorothy Lonnie Richburg (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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 7 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eric Richburg

(9) PRESENT POSTOFFICE OF FATHER Summerton S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Clarendon

(13) OCCUPATION Farmer & Clerk

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Naomie Way

(15) PRESENT POSTOFFICE OF MOTHER Summerton S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Clarendon

(19) OCCUPATION Home-work

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 H. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Wm Purrigan, M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Summerton S.C.

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed Feb 11 1922 (28) F. A. Richburg 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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McCAW OF COLUMBIA, COLUMBIA, S. C.
MARGIN RESERVED FOR BINDING.
WHEN PLACING WRITTEN ADDRESS ON SEPARATE BLANK FOR EACH CHILD, SEE REVERSE SIDE.
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, SEE REVERSE SIDE.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.