

(1) PLACE OF BIRTH

County of Marion
 Township of Britton Neck
 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

86563

Registration District No. 32. 52 Registered No. 62
 (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 Dayton Earl Richardson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 25, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Waitus Richardson
 (9) PRESENT POSTOFFICE OF FATHER Eulonia, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
 (Years)
 (12) BIRTHPLACE Marion Co.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Rachel Flowers
 (15) PRESENT POSTOFFICE OF MOTHER Eulonia, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Years)
 (18) BIRTHPLACE Marion Co.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sam Mace

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianCentenary, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 23, 1916(28) St. J. Dozier

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.

WHILE PLAINLY, WITH UNFADING 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.

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.