

Form No. 3

(1) PLACE OF BIRTH

County of Santer
Township of Fulton
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
5386

Registration District No. 411 Registered No. 8
(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 Preston Richardson If child is not yet named, make supplemental report as directed

3) BOY OR GIRL boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 5, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Willie Richardson

9) PRESENT POSTOFFICE OF FATHER Rivers S.C.

10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22
(Year)

12) BIRTHPLACE S.C.

13) OCCUPATION Farming

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

MOTHER.

14) NAME BEFORE MARRIAGE Corine Adam

15) PRESENT POSTOFFICE OF MOTHER Rivers S.C.

16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19
(Year)

18) BIRTHPLACE S.C.

19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive St. 94 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Catherine McConley

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Mid wife Rivers S.C.

Given name added from a supplemental report

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

(28) Filed Mar. 10, 1923 (29) O.S. Griffin
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 stillborns before the fifth month of pregnancy.

WRITER PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, and OTHER, No. 2, etc., in question 5.
Register of Columbia, Columbia, S. C.