

Hearts

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

**39492**

.....

.....

02

To

01

Registration District No. 3405

Registered No. 39  
(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 Leo Richardson If child is not yet named, make supplemental report as directed

6

(4) Twin or Triplet?

(5) Number in  
order of birth

To be answered only in event of Twins or Triplets

(8) Are  
Parents  
Married?

(7) DATE OF

BIRTH.....  
(Name of Month) (Day) (Year)

**FATHER**

Richardson

B. Weiss et al.

Chad

(11) AGE AT LAST

**BIRTHDAY.....**  
(Year)

ficaster

Turkey

MOTHER.  
Alice Collins

Blair's S.C.

Coleridge

(17) AGE AT LAST BIRTHDAY...

Thermis.

Farming

\_\_\_\_\_

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

*Silvia R. Buchanan*

**Physician or Midwife**

(25) Address of Physician or Midwife

M. B. W.

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

(27) Filed Nov. 13. 1922 (28) 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.