

Form No. 1

(1) PLACE OF BIRTH

County of WinfieldTownship of 4or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42287

Registration District No. 4 Registered No. 85
(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 Shelia Mae Richmond { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 23, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Richmond(9) PRESENT POSTOFFICE OF FATHER Winnsboro SC(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Winfield County SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Blouice Hart(15) PRESENT POSTOFFICE OF MOTHER Winnsboro SC(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Winfield County SC(19) OCCUPATION Worker on farm(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 alive at 9:20 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Cherry M. Daniel(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Winnsboro SC

Given name added from a supplemental report

(26) Witness Miss Margaret Haynes
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 30, 1922 (28) J. M. Haynes
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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