

(1) PLACE OF BIRTH

County of Georgetown

Ship of

or

Inc. Town of

or

City of Georgetown S.C.

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

(2) Full Name of Child CHARLENE RICHARDSON

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

no

(5) Number in order of birth

6

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH April 5 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Maurice Richardson

(9) PRESENT POSTOFFICE OF FATHER

Georgetown S.C.

COLOR

OR RACE

BIRTHPLACE

Colored

(11) AGE AT LAST BIRTHDAY

39

(Years)

(13) OCCUPATION

Pharmacist

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

1 six

MOTHER.

(14) NAME BEFORE MARRIAGE

Emily Smalls

(15) PRESENT POSTOFFICE OF MOTHER

Georgetown S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Georgetown S.C.

(19) OCCUPATION

School Teacher

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

1 six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filled

1922

(28)

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

File No.—For State Registrar Only

38388

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 21-CRegistered No. 95
(For use of Local Registrar)(No. 1549 Duke St.; Ward)

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