

Form No. 1.

(1) PLACE OF BIRTH

County of ColumbiaTownship of BureauInc. Town of HenryCity of Henry

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

46984

Registration District No. 3,504Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child Archie Franklin Richey

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twin or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 11, 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME OF FATHER <u>Archie Richey</u>			(9) NAME BEFORE MARRIAGE <u>Sallie Hardin</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Henry, S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Henry, S.C.</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>36</u> <small>(Years)</small>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small>	
(16) BIRTHPLACE <u>Georgia</u>			(17) BIRTHPLACE <u>Georgia</u>	
(18) OCCUPATION <u>Mill</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. 2:15 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)M.B. Woodward, M.D.(23) (Signature) M.B. Woodward

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

Physician Henry, 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 Jan 12 1916 (28) L.C. Hopkins
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.

MAIN RECORDS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. R.—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.
 McCaw, of Columbia