

(1) PLACE OF BIRTH

County of Richland
 Township of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

13921

Inc. Town of Registration District No. 38a Registered No. 492
 or (For use of Local Registrar)
 City of Sumter (No. of Street) 2084 Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Louise Richardson

(3) SEX OR Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH June 26 1923
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Eugene Jefferson(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 17 (Years)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Bricklayer(14) Number of children born to mother, including present birth one

MOTHER

(14) NAME BEFORE MARRIAGE Vesta Richardson(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Sumter S.C.(19) OCCUPATION Seamstress(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 730 P M.
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) P. M. O'Connell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 1123 Washington

Given name added from a supplement-
 al report

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Registrar

(26) Witness
 (Signature of Witness necessary only
 when question 22 is signed by mark)

(27) Filed July 12 1923 (28) Y. D. Sloan
 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.

Before the fifth month of pregnancy.