

Form No. 1

(1) PLACE OF BIRTH

County of Bglhoy  
 Township of Sandy  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

27363

Registration District No. 804 Registered No. 37  
 (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 Liza Richerson (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL girl 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married? yes 7) DATE OF BIRTH Sept 18 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
8) FULL NAME	<u>Hilyard Richerson</u>		14) NAME BEFORE MARRIAGE	<u>Mabel Bates</u>	
9) PRESENT POSTOFFICE OF FATHER	<u>Gaston</u>		15) PRESENT POSTOFFICE OF MOTHER	<u>Gaston</u>	
10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>44</u>	16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>38</u>
<u>Negro</u>	(Year)		<u>Negro</u>	(Year)	
12) BIRTHPLACE	<u>Lexington</u>		18) BIRTHPLACE	<u>Lexington</u>	
13) OCCUPATION	<u>Farmer</u>		19) OCCUPATION	<u>Farmhand</u>	
20) Number of children born to mother, including present birth	<u>9</u>		21) Number of children of this mother now living, including present birth	<u>9</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A. M., on the date above stated. (Hour) (Day) (Month) (Year)

(23) (Signature) Charlotte Seright (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gaston

Given name added from a supplemental report

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

(27) Filed Sept 19 1923 (28) J. S. Bullinger Local Registrar

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

RECEIVED OF COLUMBIA, CAROLINA 5