

Form No. 10.4
 MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N.B.—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.

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

(1) PLACE OF BIRTH
 County of Charleston
 Township of James Isld
 Inc. Town of _____
 City of _____
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 904 Registered No. 150
 (For use of Local Registrar)

(2) Full Name of Child Thomas Richardson
 If child is not yet named, make supplemental report as directed.

(3) SEX OF CHILD Boy (4) Type of Birth Yes (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 10, 1911
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Alfred Richardson
 (9) PRESENT POSTOFFICE OF FATHER James Island
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 45 (Years)
 (12) BIRTHPLACE James Island
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 4

MOTHER.
 (15) NAME BEFORE MARRIAGE Rosa Cromwell
 (16) PRESENT POSTOFFICE OF MOTHER James Island
 (17) COLOR OR RACE Blk (18) AGE AT LAST BIRTHDAY 36 (Years)
 (19) BIRTHPLACE James Island
 (20) OCCUPATION Housewife
 (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 _____ M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) _____
 (24) State whether Physician or Midwife _____
 (25) Address of Physician or Midwife As Charleston

Given name added from a supplemental report _____
 (26) Witness Pathe Grant
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 11, 1911 (28) R. H. G. Graham
 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.