

(1) PLACE OF BIRTH

County of Dalton
 Township of Sandy Run
 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

48272

Registration District No. 814 Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child Eliza Richerson

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yy (7) DATE OF BIRTH Feb 8 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Samson Richerson
 (9) PRESENT POSTOFFICE OF FATHER Gaston S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Sandy Run
 (13) OCCUPATION Farm hand
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Georgie Tilyard
 (15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Sandy Run
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) John W. Vinson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Med. wife | Gaston S.C.

Given name added from a supplemental report
 _____, 191.....

(26) Witness B.B. Bellingier
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled Feb. 12, 1914 (28) J.S. Bellingier
 Registrar 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.

WHERE PLACED IN THE 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.
 STATE OF SOUTH CAROLINA
 BUREAU OF VITAL STATISTICS
 COLUMBIA