

(1) PLACE OF BIRTH

County of DaltonTownship of Sandy Runor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 814

File No.—For State Registrar Only

48272

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? yes (7) DATE OF BIRTH Feb 8 1914
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Lambson Richerson(9) PRESENT POSTOFFICE OF FATHER Gaston S.B.(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 1MOTHER.
(14) NAME BEFORE MARRIAGE Georgie Hilyard(15) PRESENT POSTOFFICE OF MOTHER Gaston S.B.(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 Gaston S.B. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. M. Wilson

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

Midwife Gaston S.B.

Given name added from a supplemental report

(26) Witness B. B. Bellinger
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 12 1914. (28) J. S. Bellinger
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.

WHEN 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.

CLAW OF COLUMBIA