

(1) PLACE OF BIRTH

County of *Barnwell*Township of *Allen*or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child *Matthea Richardson*

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of Birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Nov 3 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Richardson

(9) PRESENT POSTOFFICE OF FATHER

Fairfax S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie

(15) PRESENT POSTOFFICE OF MOTHER

Fairfax S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm Laborer

(20) Number of children born to mother, including present birth

2

(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 *born alive* at *7 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Matthea P. Latta

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Fairfax S.C.

Given name added from a supplemental report

(26) Witness

F. H. Boyd

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Nov 3 1916**1916*

(28)

F. H. Boyd

Loc. 21 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.