

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH

County of Barnwell
Township of Allen
or
Inc. Town of

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

File No. For State Registrar Only
841332

Registration District No. 570 Registered No. 140
(For use of Local Registrar)

City of (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 Martha Richardson

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of Birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 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
(20) Number of children born to mother, including present birth 2

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
(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) Martha W. 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
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Registrar

(26) Witness F. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mar 3 1916 (28) F. H. Boyd
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.