

## (1) PLACE OF BIRTH

County of .....

Township of .....

or  
Inc. Town of .....or  
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 Billie Richardson If child is not yet named, give appropriate name.(3) SEX + (4) AGE 2 (5) NUMBER OF CHILDREN 1 (6) IS CHILD A NATURAL BORN CITIZEN? yes (7) DATE OF BIRTH Sept 23

FATHER		MOTHER	
(8) FULL NAME <u>Billie Richardson</u>	(10) NAME BEFORE MARRIAGE <u>Rosa Johnson</u>	(10) FULL NAME <u>Billie Richardson</u>	(10) NAME BEFORE MARRIAGE <u>Rosa Johnson</u>
(11) PRESENT ADDRESS <u>Sumter, S.C.</u>	(11) PRESENT ADDRESS <u>Sumter, S.C.</u>	(11) PRESENT ADDRESS <u>Sumter, S.C.</u>	(11) PRESENT ADDRESS <u>Sumter, S.C.</u>
(12) COLOR <u>Colored</u>	(12) COLOR <u>Colored</u>	(12) COLOR <u>Colored</u>	(12) COLOR <u>Colored</u>
(13) BIRTHPLACE <u>Sumter Co.</u>	(13) BIRTHPLACE <u>Sumter Co.</u>	(13) BIRTHPLACE <u>Sumter Co.</u>	(13) BIRTHPLACE <u>Sumter Co.</u>
(14) OCCUPATION <u>mill work</u>	(14) OCCUPATION <u>House wife</u>	(14) OCCUPATION <u>House wife</u>	(14) OCCUPATION <u>House wife</u>
(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE <u>2</u>	(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE <u>2</u>	(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE <u>2</u>	(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE <u>2</u>

(16) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(17) (Signature) A. M. J. Jr.

(18) State whether Physician or Midwife Midwife

(19) Address of Physician or Midwife Sumter, S.C.

Given name added from a supplementary report

(20) Witness (Signature of Witness necessary only when question 11 is signed by mark)

(21) Filed 19 (22) Local Registrar Carl O. Cope

When there was an attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.