

(1) PLACE OF BIRTH

County of Macon

Township of

OF
Inc. Town of MullinsOF
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7769

Registration District No. 3713Registered No. 8
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Feb. 15 23
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Walter Otis Richardson(14) NAME BEFORE MARRIAGE Maggie Collins(9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35
(Years)(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Harlem, Co.(18) BIRTHPLACE Macon, Co.(13) OCCUPATION Carpenter(19) OCCUPATION House wife(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 39 M., on the date above stated. (Hour, M. or P. M.)(23) (Signature) Frank R. Martin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Mullins, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 12 1923(28) H. O. Schuller
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.

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