

Form No 1.

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

79510

Registration District No. 4108

Registered No. 139

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child

James Richardson

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parent Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER. ~~Richardson~~ Richardson

(9) PRESENT POSTOFFICE OF FATHER

Oswego

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

33

(12) BIRTHPLACE

Oswego

(13) OCCUPATION

farming

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

10

(14) NAME BEFORE MARRIAGE

MOTHER. ~~Richardson~~ Richardson

(15) PRESENT POSTOFFICE OF MOTHER

Oswego

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

33

(18) BIRTHPLACE

Oswego

(19) OCCUPATION

farming

(21) Number of children of this mother now living, including present birth

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ~~Nora Clark~~ Nora Clark

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

1916

(26) Witness

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

(27) Filled

1916

(28)

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 or stillbirths before the fifth month of pregnancy.