(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 14571

County of Darlington

Township of Darlington

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 1507 Registered No. 23 (For use of Local Registrar)

(2) Full Name of Child Benj. 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 — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 31 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joshi Richardson

(9) PRESENT POSTOFFICE OF FATHER Mont Clare S.C.

(10) COLOR OR RACE Col —

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Darlington Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Rose

(15) PRESENT POSTOFFICE OF MOTHER Mont Clare S.C.

(16) COLOR OR RACE Col —

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION At home

(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 alive (Born alive or stillborn) at 3 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs Ida Rose

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Darlington R-

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed June 2 1922 (28) E. A. Early
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.

Form B—In case of twins or triplets, use a separate blank for each child. Insert in space provided, "Twin" or "Triplet," and mark the blank "Duplicate" or "Triplicate" respectively. Send original to State Registrar, Columbia, S. C.
Form B—In case of twins or triplets, use a separate blank for each child. Insert in space provided, "Twin" or "Triplet," and mark the blank "Duplicate" or "Triplicate" respectively. Send original to State Registrar, Columbia, S. C.