

(1) PLACE OF BIRTH  
County of Charleston  
Township of .....  
or  
Inc. Town of .....  
City of Charleston (No. 188 line 20 St.; 12 Ward)  
(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  
**71755**

(2) Full Name of Child Richardine Perry { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 26 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Joseph Perry  
(9) PRESENT POSTOFFICE OF FATHER Charleston  
(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Charleston S.C.  
(13) OCCUPATION laborer  
(20) Number of children born to mother, including present birth { 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Elvira James  
(15) PRESENT POSTOFFICE OF MOTHER Charleston  
(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Charleston S.C.  
(19) OCCUPATION washer & housewife  
(21) Number of children of this mother now living, including present birth { 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 9 o'clock PM on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna M. Johnson  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 32 Sumner St

Given name added from a supplemental report Aug 26 1916  
M. T. Woodward Registrar  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. Mercier Green M.D.  
Filed 8/31 1916 (28) J. Mercier Green M.D. 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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