CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only — 3562

(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of .....

or

City of Abbeville (No. Jail St.; 2nd Ward)

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

Registration District No. 1-A Registered No. 89 (For use of Local Registrar)

2) Full Name of Child Clarissa Richmond If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or triplet? X

(5) Number in order of birth X

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes.

(7) DATE OF BIRTH Aug. 17, 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Richmond

(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 44 Years

(12) BIRTHPLACE Abbeville, S.C.

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Hannah Paul

(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE ~~Abbeville~~ Georgia.

(19) OCCUPATION House Keeper

(20) 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 born alive at 5 M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. C. Nuckles at Hardeman

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

Registrar

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

(27) Filed Aug 23 1915 (28) J. P. Lyon Local Registrar.

* In case of attending physician or midwife, then the father, householder, etc., should make this return. If no attendant, then the mother must make report of stillbirth. No report is desired of stillbirths before the 28th month of pregnancy.

NOTICE: DO NOT WRITE IN THIS SPACE. WHEN FINISHING INK—THIS IS A PERMANENT RECORD.

In case of twins or triplets use a SEPARATE BLANK for each child, and mark the first-born, No. 1, THE OTHER, No. 2, etc., in question 5.