

## (1) PLACE OF BIRTH

County of Florence

Township of .....

Inc. Town of .....

City of Florence

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

(2) Full Name of Child William Richardson

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 20, 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Nathaniel Richardson(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE ed (11) AGE AT LAST BIRTHDAY 20  
(Years)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Statie Butler(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(16) COLOR OR RACE ed (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE Darlington S.C.(19) OCCUPATION Farming(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 born alive Dec 20, 1922 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Charles(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Mass Bluff S.C.

Given name added from a supplemental report

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

(27) Filed 1/10 1923 (28) John B. K. Lewis 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.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42377

Registration District No. 2007Registered No. 99  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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