

## (1) PLACE OF BIRTH

County of RichmondTownship of RichmondInc. Town of Richmond

(City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

7705

Registration District No. 3106 Registered No. 10  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child May Ellen Lacey

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 3(6) Are Parents Married Yes(7) DATE OF BIRTH Feb 15 1928  
(Name of Month (Day) (Year)

## FATHER.

(8) FULL NAME W. L. Lacey(9) PRESENT POSTOFFICE OF FATHER Richmond(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 5-2  
(Year)(12) BIRTHPLACE Richmond(13) OCCUPATION Postmaster(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Beck Loring(15) PRESENT POSTOFFICE OF MOTHER Richmond(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 26  
(Year)(18) BIRTHPLACE Springboro, Ohio(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.  
(Born alive or stillborn)(23) (Signature) R. M. Martin(24) State whether Physician or Midwife Physician(25) License of Physician or Midwife 100

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "yes")

(27) Filed

19

(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 of stillbirths before the fifth month of pregnancy.

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