

5/26/43

No Corres.
U. S. Dept. of Commerce
Bureau of the Census

22 049423

1. PLACE OF BIRTH

County of... Richland

Township of.....

or

Inc. Town of.....

or

City of... Lykesland

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3806

FILE No.—For State Registrar Only

01167Registered No.....
(For use of Local Registrar)2. FULL NAME OF CHILD Lilly Richardson

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

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>July 4</u> , 19 <u>22</u> (Month, day, year)	
9. Full name <u>FATHER</u> <u>Abraham Richardson</u>				18. Name before marriage <u>MOTHER</u> <u>Lucy Bryant</u>			
10. Residence (mailing address) (If non-resident, give place and State) <u>Lykesland, S.C.</u>				19. Residence (mailing address) (If non-resident, give place and State) <u>Lykesland, S.C.</u>			
11. Color or race <u>Col.</u>		12. Age at child's birth <u>28</u> (years)		20. Color or race <u>Col.</u>		21. Age at child's birth <u>21</u> (years)	
13. Birthplace (city or place) (State or country) <u>Richland Co.</u>				22. Birthplace (city or place) (State or country) <u>Richland Co.</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>				23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</u>			
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
16. Date (month and year) last engaged in this work				17. Total time (years) spent in this work		26. Total time (years) spent in this work	
19.....				19.....		19.....	
27. Number of children of this mother (At time of birth and including this child) <u>1</u> (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>							
28. If stillborn, period of gestation.....				29. Cause of stillbirth.....		Before labor..... During labor.....	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 11:00 A. m. on the date above stated.
(Born alive or stillborn)

(Signed) Abraham Richardsonor....., Parent
or....., Guardian

Address.....
Filed May 26, 1943 M. B. Woodward, M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

OCCUPATION

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