

## (1) PLACE OF BIRTH

County of Washington

Township of .....

Inc. Town of Hartsville

City of .....

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

## (2) Full Name of Child

Jane May Richardson

File No. - For State Registrar Only

3864

Registration District No. 15BRegistered No. 29  
(For use of Local Registrar)(3) BOY OR GIRL? Y

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in case of Twins or Triplets(6) Are Parents Married? Y(7) DATE OF BIRTH Jan 22  
(Name of Month) (Day) (Year)

(8) FULL NAME

Sulha Richardson

(9) PRESENT POSTOFFICE OF FATHER

Hartsville S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

Washington Co

(13) OCCUPATION

Saloon

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

1.5

(14) NAME BEFORE MARRIAGE

Marcell Salter

(15) PRESENT POSTOFFICE OF MOTHER

Hartsville

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

Washington Co

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1.5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Dr. W. C. Williams

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

Mar 10 22

(28)

W. C. Williams

19 .....

Registrar

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.