

(1) PLACE OF BIRTH

County of Harley
 Township of Gal-Ferry
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4230

Registration District No. 2505 Registered No. 11
 (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

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>✓</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married <u>✓</u>	(7) DATE OF BIRTH <u>Feb 16 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William L. Richardson</u>			(14) NAME BEFORE MARRIAGE <u>Ligia Crick</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gal-Ferry SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gal-Ferry</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Marion Co SC</u>		(17) AGE AT LAST BIRTHDAY (Years)		
(13) OCCUPATION <u>Farming</u>		(18) BIRTHPLACE <u>Marion Co SC</u>		
(19) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mar 6 23

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

(Signature of Witness necessary only
 when question 25 is signed by mark)

(27) Date Mar 6 23

(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.