

(1) PLACE OF BIRTH

County of Florence
Township of Florence
or
Inc. Town of
or
City of Florence
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

7452

Registration District No. 20-A Registered No. 79

(No. 226 Pine St.; Ward)

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

2) Full Name of Child

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jake Richardson

(9) PRESENT POSTOFFICE OF FATHER Florence S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Union Co S.C.

(13) OCCUPATION Mechanic

(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Bessie Bryhan

(16) PRESENT POSTOFFICE OF MOTHER Florence S.C.

(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 28 (Years)

(19) BIRTHPLACE Florence Co S.C.

(20) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:35 P (Born Alive or Stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. S. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys. Florence S.C.

Give name added from a supplemental report

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Registrar

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

(27) Filed 3/21/22 (28) C. C. Craddock 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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