

(1) PLACE OF BIRTH

County of FlorenceTownship of Florence

or

Loc. Town of FlorenceCity 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

(For use of Local Registrar)

(No. 22 & June St. Ward)

2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 17 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 Bryman(16) PRESENT POSTOFFICE OF MOTHER Florence S.C.(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 25 (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. [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife 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. Crabb 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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