

(1) PLACE OF BIRTH  
County of Florence

Township of Lake City  
or  
Inc. Town of Lake City

or  
(NY of (if birth occurs in a hospital or other institution, give name of same instead of street and number.)  
St.: \_\_\_\_\_ Ward: \_\_\_\_\_

2) Full Name of Child

(3) SEX Girl (4) Term Full or Preterm? (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 12 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME J. L. Richardson  
(9) PRESENT POSTOFFICE OF FATHER Lake City  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)  
(12) BIRTHPLACE Marion S.C.  
(13) OCCUPATION Life Ins.  
(14) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Mary Moreley  
(15) PRESENT POSTOFFICE OF MOTHER Lake City  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)  
(18) BIRTHPLACE Rock Hill  
(19) OCCUPATION House  
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21) I hereby certify that I attended the birth of this child, who was born at \_\_\_\_\_ (Hour \_\_\_\_\_ M. or P. M.) P. M.) on the date above stated.

(22) (Signature) J. T. Gaston  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Lake City S.C.

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 7/14 23 (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report as soon as possible after the birth of the child. No report is desired of stillbirths before the fifth month of pregnancy.