

16 093597

FILE No.—For State Registrar Only

0138

1. PLACE OF BIRTH

County of Florence

Township of.....

or
Inc. Town of.....or
City of Florence, S.C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 20-A Registered No.

(For use of Local Registrar)

2. FULL NAME OF CHILD

Elizabeth J. Rosenfeld

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

3. Boy or Girl
GirlIf Plural
births4. Twin, triplet or other.....
5. Number, in order of birth.....6. Premature.....
Full term. Yes7. Are Parents
Married? Yes8. Date of birth October 5, 1916
(Month, day, year)9. Full
name

FATHER

Maurice Rosenfeld18. Name before
marriage

MOTHER

Mey Semless10. Residence (mailing address)
(If non-resident, give place and State)Florence, S. C.19. Residence (mailing address)
(If non-resident, give place and State)Florence, S.C.11. Color or race White12. Age at last birthday 34 (Years)20. Color or race White21. Age at last birthday 29 (Years)13. Birthplace (city or place)
(State or country)Russia22. Birthplace (city or place)
(State or country)Russia14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Furniture Store23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Housewife15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work27. Number of children of this mother
(At time of birth and including this child)3 (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....28. If stillborn,
period of gestation.....months
weeks

29. Cause of stillbirth.....

(Before labor.....
During labor.....)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:20 A.m. on the date above stated.
(Born alive or stillborn)(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)(Signed) J.P. Lucas, M.D.Given name added from
a supplementary report.....
(Date of)or Florence S.C. Midwife.Address Oct. 14, 1916
Filed M.B. Woodward, M.D.
8-28-39 Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)