

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.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 20-ARegistered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD

Elizabeth J. RosenfeldIf child is not yet named, make
supplemental report as directed.3. Boy or Girl
GirlIf Plural
births

4. Twin, triplet or other.....

6. Premature.....

7. Are Parents

8. Date of

birth.....

October 5, 1916
(Month, day, year)

5. Number, in order of birth.....

Full term. yesMarried? yes9. Full
name

FATHER

Maurice Rosenfeld18. Name before
marriage

MOTHER

May Semless

10. 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 work.....25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work.....27. 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) S.P. Lucas, M.D.OR Florence S.C. Midwife.

Address

Filed Oct. 14, 1916M.B. Woodward, M.D.

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)