

11/24/42

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.)

U. S. Dept. of Commerce  
Bureau of the Census

**1. PLACE OF BIRTH**  
County of Richland  
Township of \_\_\_\_\_  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Columbia  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

**2. FULL NAME OF CHILD** Osmond Dantzler { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of Birth Feb 13, 1922 (Month, day, year)

9. Full name Osmond Dantzler **FATHER** 10. Residence (mailing address) (If non-resident, give place and State) S.C. 11. Color or race C 12. Age at child's birth 23 (years) 13. Birthplace (city or place) (State or country) S.C.

**OCCUPATION** 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Name before marriage Annied McKinnick **MOTHER** 19. Residence (mailing address) (If non-resident, give place and State) S.C. 20. Color or race C 21. Age at child's birth 17 (years) 22. Birthplace (city or place) (State or country) S.C.

**OCCUPATION** 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. do 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 1 (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 alive S.C. m. on the date above stated.  
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 8:10 am on above date August  
(Name of prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities \_\_\_\_\_  
(Specify)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Given name added from  
a supplementary report \_\_\_\_\_  
(Date of)

State Registrar

(Signed) M. E. Woodward M.D.  
or \_\_\_\_\_ Midwife

Address Columbia S.C.

Filed 12/3, 19 42 M. B. Woodward, M.D.  
Local Registrar

22 049377

FILE No.—For State Registrar Only

04928

**Standard Certificate of Birth**

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-aRegistered No. \_\_\_\_\_  
(For use of Local Registrar)(No. 2325 General \_\_\_\_\_) Ward \_\_\_\_\_