

5/9/42

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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.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate.)

Standard Certificate of Birth STATE OF SOUTH CAROLINA		FILE No.—For State Registrar Only 02298
1. PLACE OF BIRTH County of <u>Richland</u> Township of _____ or Inc. Town of _____ or City of <u>Columbia</u> (No. _____ St.; _____ Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number)		
2. FULL NAME OF CHILD <u>Henry Bachelor Randolph</u> { If child is not yet named, make supplemental report as directed.		
3. Boy <input checked="" type="checkbox"/> Girl <input type="checkbox"/> If Plural births _____	4. Twin, triplet or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <u>yes</u>
7. Are Parents Married? <u>yes</u>		8. Date of birth <u>Sept. 28</u> 19 <u>42</u> (Month, day, year)
9. Full name FATHER <u>Henry Bachelor Randolph</u>		18. Name before marriage MOTHER <u>Delma N. Rhoden</u>
10. Residence (mailing address) (If non-resident, give place and State) <u>Baton Rouge, La.</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Baton Rouge, La.</u>
11. Color or race <u>W</u>	12. Age at child's birth <u>26</u> (years)	20. Color or race <u>W</u>
13. Birthplace (city or place) <u>Baton Rouge, La.</u> (State or country)		21. Age at child's birth <u>26</u> (years)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Engineer</u>		22. Birthplace (city or place) <u>Saluda, S.C.</u> (State or country)
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Nurse</u>
16. Date (month and year) last engaged in this work _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work <u>23</u>		
27. Number of children of this mother (At time of birth and including this child) <u>2</u> (a) Born alive and now living <u>2</u> (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 to the birth of this child, who was <u>B.A.</u> at <u>1:00 P.m.</u> 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. } Given name added from _____ (Date of) _____ a supplementary report _____		
(Signed) <u>Delma N. Rhoden</u> or _____ Guardian Address <u>Saluda, S.C.</u> Filed <u>May 18</u> , 19 <u>42</u> <u>M.B. Woodward, M.D.</u> Registrar.		