

5/19/42

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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.)

1. PLACE OF BIRTH
 County of Richland
 Township of _____
 or
 Inc. Town of _____
 or
 City of Columbia (No. _____ St.; _____ Ward)
 (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

FILE No.—For State Registrar Only
02298

Registration District No. 38-A Registered No. _____
 (For use of Local Registrar)

2. FULL NAME OF CHILD Henry Bachelor Randolph { If child is not yet named, make supplemental report as directed.

3. Boy If Plural births _____ 4. Twin, triplet or other _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth Sept 28 1922
 5. Number, in order of birth _____ Full term yes Married? yes (Month, day, year)

9. Full name **FATHER** Henry Bachelor Randolph 18. Name before marriage **MOTHER** Delma N. Rhoden

10. Residence (mailing address) Benton St. Columbia S.C. 19. Residence (mailing address) Benton St. Columbia S.C.
 (If non-resident, give place and State) (If non-resident, give place and State)

11. Color or race W 12. Age at child's birth 26 (years) 20. Color or race W 21. Age at child's birth 26 (years)

13. Birthplace (city or place) Baton Rouge, La. 22. Birthplace (city or place) Saluda, S.C.
 (State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Graduate Nurse

15. 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 work _____ 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 23

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living 2 (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 B.A. at 1:00 P.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) Delma Nora Rhoden
 or _____ Guardian

Given name added from a supplementary report _____ (Date of) _____

Address Saluda S.C.

Filed May 18, 1942 M.B. Woodward, M.D.
 Registrar. Registrar.