

10-20-43

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

22 049290

1. PLACE OF BIRTH

County of Pickens

Township of

or

Inc. Town of Easley

or

City of

(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. 37-a Registered No.

(For use of Local Registrar)

(No. S. 2nd St.; Ward)2. FULL NAME OF CHILD Flonnie Juanita Painter { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Girl</u>	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Full term... <u>X</u> Married? <u>yes</u>	8. Date of birth... <u>Sept. 2, 1922</u> (Month, day, year)
-------------------------------	----------------------------------	-----------------------------------	-------------------	---	--

9. Full name <u>Charles Samuel Painter</u>	FATHER
---	--------

10. Residence (mailing address) (If non-resident, give place and State)	<u>Easley S.C.</u>
--	--------------------

11. Color or race <u>white</u>	12. Age at child's birth <u>45</u> (years)
--------------------------------	--

13. Birthplace (city or place) (State or country)	<u>Greenville S.C.</u>
--	------------------------

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Textile</u>
--	----------------

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.	<u>Cotton mill</u>
--	--------------------

16. Date (month and year) last engaged in this work	17. Total time (years) spent in this work
---	---

18. Name before marriage <u>Nellie Jane Lesley</u>	MOTHER
---	--------

19. Residence (mailing address) (If non-resident, give place and State)	<u>Easley S.C.</u>
--	--------------------

20. Color or race <u>white</u>	21. Age at child's birth <u>39</u> (years)
--------------------------------	--

22. Birthplace (city or place) (State or country)	<u>Easley S.C.</u>
--	--------------------

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.	<u>House-keeper</u>
---	---------------------

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>Own home</u>
--	-----------------

25. Date (month and year) last engaged in this work	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 <u>2</u>	(b) Born alive but now dead <u>2</u>	(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 born at 6:00 P.m. on the date above stated.{ 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)

Registrar.

(Signed) Charles S. Painter, Parent

or..... Guardian

Address Easley S.C. Box 201Filed Nov. 5, 1943 L.A. Riser, M.D.
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.)