

12/23/43
no cover.
free
ack

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

22 049348

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only

County of Richland

STATE OF SOUTH CAROLINA

01217

Township of.....

Bureau of Vital Statistics

State Board of Health

Registration District No. 3802

Registered No.
(For use of Local Registrar)

or
Inc. Town of Lane

or
City of.....

(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

Miller John Jenny

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl

If Plural births

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of birth.....

Boy

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

Full term.....

Married? yes

April 3, 1922
(month, day, year)

9. Full name

FATHER

John M. Jenny

18. Name before marriage

MOTHER

Ophelia Comulander

10. Residence (mailing address)
(If non-resident, give place and State)

Lane, Rte. 1

19. Residence (mailing address)
(If non-resident, give place and State)

Lane, Rte. 1

11. Color or race.....

12. Age at child's birth..... (years)

20. Color or race.....

21. Age at child's birth..... (years)

13. Birthplace (city or place)
(State or country)

Richland Co.,
South Carolina

22. Birthplace (city or place)
(State or country)

Richmond County,
South Carolina

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

Farming

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.....

Housewife

15. Industry or business in which work 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.....

27. Number of children of this mother (At time of birth and including this child) 6 (a) Born alive and now living..... 5 (b) Born alive but now dead..... 0 (c) Stillborn..... 1

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..... 8:00 P. m. on the date above stated.

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

(Signed) Ophelia Jenny Parent
or..... Guardian

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

Address Lane, Rte. 1, S.C.
Filed Dec. 22, 1943 L. A. Riser, M.D. Registrar.

Registrar.

keh

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.)