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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.)

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

1. PLACE OF BIRTH

County of Richland  
Township of.....  
or  
Inc. Town of Lane  
or  
City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. 3802

22 049348

FILE No.—For State Registrar Only

01217

Registered No. ....  
(For use of Local Registrar)

(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 Boy If Plural births { 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? yes 8. Date of birth April 3, 1922 (month, day, year)

9. Full name John M. Jenny FATHER 18. Name before marriage Ophelia Cornelander MOTHER

10. Residence (mailing address) Lane, Rte. 1 (If non-resident, give place and State) 19. Residence (mailing address) Lane, Rte. 1 (If non-resident, give place and State)

11. Color or race W 12. Age at child's birth 34 (years) 20. Color or race W 21. Age at child's birth 36 (years)

13. Birthplace (city or place) Richland Co., South Carolina (State or country) 22. Birthplace (city or place) Beaufort County, South Carolina (State or country)

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. }

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

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

Address Lane, Rte. 1, S.C.

Filed Dec. 22, 1943 L. A. Riser, M.D.  
Registrar.

keh