

3/29/45  
*free*  
*in file*

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

22 049504

1. PLACE OF BIRTH  
 County of Richland  
 Township of \_\_\_\_\_  
 or \_\_\_\_\_  
 Inc. Town of Columbia  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

Standard Certificate of Birth  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Registration District No. 34-a

FILE No.—For State Registrar Only  
00718

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 Willie Eugene Craig { 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. Posture \_\_\_\_\_ 7. Are Parents Married? yes 8. Date of Birth Mar 31 1922  
 Full term \_\_\_\_\_ (Month, day, year)

9. Full name of FATHER Henry Craig

18. Name before marriage of MOTHER Francena Little

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

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

11. Color or race Col 12. Age at child's birth 3.2 (years)

20. Color or race Col 21. Age at child's birth 2.2 (years)

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

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

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

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

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 (a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn 0

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 10 A m. on the date above stated.

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

(Signed) Francena Craig, Parent  
 or \_\_\_\_\_, Guardian

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address \_\_\_\_\_  
 Filed Apr. 3, 19 45 L.A. Riser, M.D.  
 Registrar.

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 each, in order of birth, stated.  
 (See instructions on Back of Certificate.)