

3/29/45
true
is fine

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 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

22 049504

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 4. Twins, triplets or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Are Parents Married? yes 8. Date of birth Mar 31, 1922
(Month, day, year)

9. Full name FATHER
Henry Craig
10. Residence (mailing address)
(If non-resident, give place and State) Columbia
11. Color or race Col 12. Age at child's birth 32 (years)
13. Birthplace (city or place)
(State or country) York Co.

18. Name before marriage MOTHER
Francena Little
19. Residence (mailing address)
(If non-resident, give place and State) Columbia
20. Color or race Col 21. Age at child's birth 22 (years)
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
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work _____
18. _____

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____
26. Total time (years) spent in this work _____
19. _____

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.

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

(Signed) Francena Craig Parent
or _____ Guardian

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

Registrar.