

22 049380

1. PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofCity of Columbia (No. 2434 St. Millwood Ave Ward) (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 HealthRegistration District No. \$ 38 A Registered No. (For use of Local Registrar)

FILE No.—For State Registrar Only

049312. FULL NAME OF CHILD Paul Durham Weston (If child is not yet named, make supplemental report as directed.)3. Boy or Girl X 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term X 7. Are Parents Married? yes 8. Date of birth April 16, 1922 (Month, day, year)

9. Full name <u>FATHER</u> <u>English Weston</u>		18. Name before marriage <u>MOTHER</u> <u>Annie Belle Ransy</u>	
10. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, S.C.</u> <u>2434 Millwood</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>California</u> <u>2434 Millwood Ave</u>	
11. Color or race <u>Negro</u>	12. Age at child's birth <u>28</u> (years)	20. Color or race <u>Negro</u>	21. Age at child's birth <u>18</u> (years)
13. Birthplace (city or place) (State or country) <u>South Carolina</u>		22. Birthplace (city or place) (State or country) <u>South Carolina</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Teacher</u>	
15. Industry or business in which work was 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		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work <u>12</u>		26. Total time (years) spent in this work <u>9 years</u>	

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead..... (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..... at..... m. on the date above stated. (Born alive or stillborn)

{ 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) Mrs Annie Belle Weston, Parentor..... Guardian SC
Address 2434 Millwood Ave ColumbiaFiled 6-9, 19 42 M.B. Woodward Registrar M.D.

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.)