

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

16 093575

## 1. PLACE OF BIRTH

County of FAIRFIELD

Township of \_\_\_\_\_

or  
Inc. Town of \_\_\_\_\_or  
City of \_\_\_\_\_

(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 Health

Registration District No. 1905

FILE No.—For State Registrar Only

00-008880

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

Ward)

2. FULL NAME OF CHILD HEZEKIAH MAPLE

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

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	6. Premature .....	7. Are Parents Married? <u>Y.</u>	8. Date of birth <u>Sept. 18</u> , 19 <u>16</u> (Month, day, year)
5. Number, in order of birth.....		Full term .....			

9. Full name FATHER  
Robert Maple10. Residence (mailing address)  
(If non-resident, give place and State) Ridgeway, S.C.11. Color or race Negro 12. Age at child's birth 32 (years)13. Birthplace (city or place)  
(State or country) Fairfield Co. S.C.14. Trade, profession or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Farmer15. Industry or business in which  
work done, as silk mill,  
sawmill, bank, etc. ....16. Date (month and year) last  
engaged in this work at present, 19....17. Total time (years)  
spent in this work 1518. Name before marriage MOTHER  
Minnie Chapple19. Residence (mailing address)  
(If non-resident, give place and State) Ridgeway, S.C.20. Color or race Negro 21. Age at child's birth 31 (years)22. Birthplace (city or place)  
(State or country) Fairfield County S.C.23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc. Housewife24. 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 at present, 19....26. Total time (years)  
spent in this work 4027. Number of children of this mother  
(At time of birth and including this child) (a) Born alive and now living 3 (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 born at 8 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) \_\_\_\_\_

Registrar.

(Signed) Minnie Maple, Parent  
or \_\_\_\_\_, Guardian  
Address Rt 1 Ridgeway S.C.  
Filed 4-25-1951 Thos. P. Lesene  
Registrar.

(See Instructions on Back of Certificate.)

number of  
cases for each  
of the following  
causes of death, listed