

PLACE OF BIRTH

City of _____

County of _____

Town of _____

or _____

FULL NAME OF CHILD

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A

Registration No. 121

Date of Birth 02-24-1940

Sex of Child Male

(If birth occurs in a hospital or other institution, give name of same instead of date of birth)

FULL NAME OF CHILD William Standley

1. Sex of Child Girl	2. Place of Birth Home	3. Twin, triplet, or other No	4. Premature Full term	5. Length 44 cm	6. Date of Birth Feb. 24, 1940
7. Number, in order of birth 1		8. Full name of child William Standley			

FATHER Full name William Standley		MOTHER Full name Lillie Ford	
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Residence (usual place of abode) City		Residence (if nonresident, give place and date) City	
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Color or race Ch	12. Age at last birthday 25 (Years)	13. Color or race Ch	14. Age at last birthday 25 (Years)
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Birthplace (city or place) (State or country) S.C.		Birthplace (city or place) (State or country) S.C.	
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15. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Teacher		16. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Domestic	
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17. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		18. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	
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19. Date (month and year) last engaged in this work 19		20. Total time (years) spent in this work 20	
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Number of children of this mother at time of this birth and including this child		(a) Born alive and surviving		(b) Born alive but now dead		(c) Stillborn	
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Stillborn, if of gestation		21. Cause of stillbirth		Stillborn, if of gestation		22. Cause of stillbirth	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, or other person should make this report.

Name added from _____

Supplemental report _____ (Date of) _____

(Signature) _____
Address _____
Filed _____