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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		Standard Certificate of Birth		22 049438	
1. PLACE OF BIRTH		STATE OF SOUTH CAROLINA		FILE No.—For State Registrar Only	
County of <u>Richland</u>		Bureau of Vital Statistics		LD 00 012223	
Township of _____		State Board of Health		Registered No. _____	
or _____		Registration District No. _____		(For use of Local Registrar)	
Inc. Town of _____		(No. _____ St. _____ Ward _____)			
or _____		(If birth occurs in a hospital or other institution, give name of same instead of street and number)			
City of <u>Ballentine</u>		2. FULL NAME OF CHILD <u>Thelma Lorraine McCartha</u>		{ If child is not yet named, make supplemental report as directed	
(If birth occurs in a hospital or other institution, give name of same instead of street and number)					
3. Boy or Girl <u>girl</u>		4. Twins, triplets or other.....		5. Premature 6. Are Parents Married? <u>yes</u>	
If Plural births		5. Number, in order of birth.....		Full term 8. Date of birth <u>Dec. 12, 1922</u>	
				(Month, day, year)	
9. Full name <u>Walter Franklin McCartha</u>		FATHER		18. Name before marriage <u>Erie Eppie Kleckley</u>	
10. Residence (mailing address) <u>Ballentine, S.C.</u>		(If non-resident, give place and State)		19. Residence (mailing address) <u>Ballentine, S.C.</u>	
(If non-resident, give place and State)				(If non-resident, give place and State)	
11. Color or race <u>white</u>		12. Age at last birthday <u>31</u> (years)		20. Color or race <u>white</u>	
				21. Age at last birthday <u>32</u> (years)	
13. Birthplace (city or place) <u>Richland County, S.C.</u>		(State or country)		22. Birthplace (city or place) <u>Richland County, S.C.</u>	
(State or country)				(State or country)	
14. Trade, profession or particular kind or work done, as spinner, lawyer, bookkeeper, etc. <u>Sawmill</u>		OCCUPATION		23. Trade, profession, or particular kind or work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Owner</u>				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	
..... 19....				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... <u>5</u> (b) Born alive but now dead... <u>0</u> (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 _____ 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) _____ Payer					
or x <u>Thos. P. Lesesne</u> Registrar					
Address _____					
Filed <u>3-20-52</u> , 19 <u>Thos. P. Lesesne</u>					
Registrar.					