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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)

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia, S. C.

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

2. FULL NAME OF CHILD

Robert C. Eisenschmidt, Jr.

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

3. Boy or ☒ Girl

If Plural

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of birth

May 12, 1922

5. Number, in order of birth

Full term yesMarried? yes

(Month, day, year)

9. Full name

Robert C. Eisenschmidt

FATHER

18. Name before marriage

MOTHER

Eda Bonbright

10. Residence (mailing address)

(If non-resident, give place and State)

Columbia S. C.

19. Residence (mailing address)

(If non-resident, give place and State)

Columbia S. C.11. Color or race W12. Age at last birthday 32 (33) (Years)20. Color or race W21. Age at last birthday 31 (31) (Years)

13. Birthplace (city or place) (State or country)

Germany

22. Birthplace (city or place) (State or country)

Ballantine S. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Architect

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Architect

24. Industry or business in which work was done, as own home,

Domestic

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

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 1(b) Born alive but now dead 0(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 that I attended the birth of this child, who was 8 at a. m. on the date above stated.

(Born alive or stillborn)

(Attending physician deceased)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

Mrs. Robert C. Eisenschmidt

Given name added from

a supplementary report

(Date of)

Address

Filed June 19, 1939 M. B. Woodward, M.D.

Registrar.

Registrar.