

22 049468

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)

Standard Certificate of Birth  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 38-A Registered No. ....  
 (For use of Local Registrar)

FILE No.—For State Registrar Only  
**1866**

2. FULL NAME OF CHILD Robert C. Eisenschmidt, Jr.  
 (If child is not yet named, make supplemental report as directed.)

3. Boy or <input checked="" type="checkbox"/> Girl	If Plural Births <input type="checkbox"/>	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Married? <input checked="" type="checkbox"/>	8. Date of birth <u>May 12, 1922</u> (Month, day, year)	
9. Full name <u>Robert C. Eisenschmidt</u> FATHER				18. Name before marriage <u>Eda Bonbright</u> MOTHER			
10. Residence (mailing address) <u>Columbia S.C.</u> (If non-resident, give place and State)				19. Residence (mailing address) <u>Columbia S.C.</u> (If non-resident, give place and State)			
11. Color or race <u>W</u>		12. Age at last birthday <u>32(33)</u> (Years)		20. Color or race <u>W</u>		21. Age at last birthday <u>31(31)</u> (Years)	
13. Birthplace (city or place) <u>Germany</u> (State or country)				22. Birthplace (city or place) <u>Ballentine S.C.</u> (State or country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Architect</u>				23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Domestic</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.....			
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.....				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>1</u> (b) Born alive but now dead... <u>0</u> (c) Stillborn... <u>0</u>							
28. If stillborn, months period of gestation..... 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. a.m. on the date above stated.  
 (When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
 (Signed) Mrs. Robert C. Eisenschmidt M.D.  
 or Permitt  
 Address.....  
 Filed June 19, 1939 M.B. Woodward, M.D.  
 Registrar. Registrar.