

11/19/42

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

16 092857

FILE No.—For State Registrar Only

03828

1. PLACE OF BIRTH

County of AikenTownship of Aikenor
Inc. Town ofor
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 200Registered No.
(For use of Local Registrar)

Ward

2. FULL NAME OF CHILD

3. Boy or Girl <u>Girl</u>	4. Twin, triplet or other	5. Number, in order of birth	6. Premature <u>No</u>	7. Are Parents Married <u>Yes</u>	8. Date of birth <u>July 5, 1916</u> (Month, day, year)
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9. Full name <u>George Washington Hatcher</u>	FATHER	18. Name before marriage <u>Carrie Jane Plaur</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Aiken, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Aiken, S.C.</u>
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11. Color or race <u>White</u>	20. Color or race <u>White</u>	21. Age at child's birthday <u>34</u> (years)
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13. Birthplace (city or place) (State or country) <u>Graniteville, S.C.</u>	22. Birthplace (city or place) (State or country) <u>Aiken, S.C.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stationary Salesman</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
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15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Acorn Station</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>
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16. Date (month and year) last engaged in this work <u>July 1916</u>	17. Total time (years) spent in this work <u>9 years</u>	25. Date (month and year) last engaged in this work <u>July 1946</u>	26. Total time (years) spent in this work <u>19</u>
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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>2</u>	(c) Stillborn <u>2</u>
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28. If stillborn, period of gestation months weeks	29. 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 alive at 7 P. m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at m. on above date. (Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities..... (Specify)

{ 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)(Signed) B. F. D. yman, M. D.

or , Midwife

Address Aiken, S.C.Filed Dec. 31, 19 42 M. B. Woodward, M. D.
Local Registrar

State Registrar

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.)