

11/19/42

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

16 092857

FILE No.—For State Registrar Only

03828

# Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 200

Registered No. (For use of Local Registrar)

## 1. PLACE OF BIRTH

County of Aiken

Township of Aiken

or  
Inc. Town of

or  
City of

(No. St.; Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

## 2. FULL NAME OF CHILD

Bernice Joyce Hatcher If child is not yet named, make supplemental report as directed.

3. Boy or Girl girl If Plural births 1 4. Twin, triplet or other no 6. Premature no 7. Are Parents Married yes 8. Date of birth July 5, 1916  
(Month, day, year)

9. Full name George Washington Hatcher FATHER 18. Name before marriage Carrie Jane Plaur MOTHER

10. Residence (mailing address) Aiken, S.C. 19. Residence (mailing address) Aiken, S.C.  
(If non-resident, give place and State)

11. Color or race White Age at child's birthday 3 1/2 (years) 20. Color or race White Age at child's birthday 3 1/2 (years)

13. Birthplace (city or place) Graniteville, S.C. 22. Birthplace (city or place) Aiken, S.C.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Boiler Fitter 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Acorn Station 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work July 1916 17. Total time (years) spent in this work 9 months 25. Date (month and year) last engaged in this work July 1916 26. Total time (years) spent in this work 1 1/2

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 2

28. If stillborn, period of gestation months 29. Cause of stillbirth Before labor  
weeks During labor

## 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 7 P. m. on above date. (Name of Prophylactic)

Cleft Palate no Hare Lip no Other Deformities no (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)  
(Signed) B. J. D. [Signature], M. D.

Given name added from Aiken, S.C. Address Aiken, S.C.  
a supplementary report (Date of)

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.)