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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		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		1865	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>38-a</u>		Registered No.	
or		(No. <u>Columbia</u> <u>Highway</u>)		(For use of Local Registrar)	
City of <u>Columbia</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		Ward	
2. FULL NAME OF CHILD <u>Thomas Chas. Stickney</u>					
If child is not yet named, make supplemental report as directed.					
3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet or other	5. Number, in order of birth	6. Premature	7. Are Parents
			Full term <input checked="" type="checkbox"/>	Married? <u>yes</u>	8. Date of birth <u>Feb 2</u> , 19 <u>22</u>
					(Month, day, year)
9. Full name <u>CLAUDE JAMES THICKLATH</u>		FATHER		18. Name before marriage <u>VIOLE ROSA SMITH</u>	
10. Residence (mailing address) <u>2003 Kump St. 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)				(If non-resident, give place and State)	
11. Color or race <u>W.</u>		12. Age at last birthday <u>31</u> (Years)		20. Color or race <u>W.</u>	
				21. Age at last birthday <u>24</u> (Years)	
13. Birthplace (city or place) <u>Richland Co. S.C.</u>		(State or country)		22. Birthplace (city or place) <u>Columbia S.C.</u>	
				(State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</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, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work <u>20</u>		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) <u>2</u>		(a) Born alive and now living <u>2</u>		(b) Born alive but now dead <u>0</u>	
				(c) Stillborn <u>0</u>	
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 born alive 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)

(Signed) [Signature], M.D.

or, Midwife.

Address Columbia S.C.Filed July 23, 1920. M. B. Woodward, M.D.

Registrar.

Asst. State Registrar.