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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38 D6

FILE No.—For State Registrar Only

01164

Registered No. (For use of Local Registrar)

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Eastover, S. C.

(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

Clarence Deveaux

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl

If Plural births

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of birth

Feb. 23

1922

Boy

5. Number, in order of birth

Full term Yes

Married? Yes

(Month, day, year)

9. Full name

FATHER

Edisto Deveaux

18. Name before marriage

MOTHER

Ophelia Pringle

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

Eastover, S. C.

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

Eastover, S. C.

11. Color or race

Col.

12. Age at child's birth

27

(years)

20. Color or race

Col.

21. Age at child's birth

21

(years)

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

Eastover, S. C.

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

Eastover, S. C.

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

Farmer

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

House Keeper

15. Industry or business in which work 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

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

8

(b) Born alive but now dead

1

(c) Stillborn

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 to the birth of this child, who was born at 4:00 o'clock p.m. on the date above stated.
(Born alive or stillborn)

(Signed) Ophelia P. Deveaux Parent

or Guardian

Address Eastover, S. C.

Filed July 21, 1943 L. A. Green, M.D. Registrar

Jpe

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.)