

3-21-44

No Corres

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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.)

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

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)

(No. Lexington, S.C. St.; Ward)

2. FULL NAME OF CHILD

Nicen Hall

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

3. Boy or Girl <u>Girl</u>	4. Twins, triplets or other..... 5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married?..... <u>yes</u>	8. Date of birth <u>Dec. 21</u> , 19 <u>22</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>Simon David Hall</u>		18. Name before marriage <u>MOTHER</u> <u>Effie Lee Thomas</u>		
10. Residence (mailing address) (If non-resident, give place and State)..... <u>Richland Co., S.C.</u>		19. Residence (mailing address) (If non-resident, give place and State)..... <u>L. Richland, S.C.</u>		
11. Color or race..... <u>C</u>	12. Age at child's birth..... <u>48</u> (years)	20. Color or race..... <u>C</u>	21. Age at child's birth..... <u>39</u> (years)	
13. Birthplace (city or place) (State or country)..... <u>S.C.</u>		22. Birthplace (city or place) (State or country)..... <u>S.C.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>Common Labor</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 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..... <u>19</u>		17. Total time (years) spent in this work.....		25. Date (month and year) last engaged in this work..... <u>19</u>
26. Total time (years) spent in this work.....		27. Number of children of this mother (At time of birth and including this child)..... <u>11</u>		
28. If stillborn, period of gestation..... (months) weeks		29. Cause of stillbirth.....		
30. Born alive and now living..... <u>13</u>		31. Born alive but now dead..... <u>2</u>		
32. Stillborn.....		33. Before labor.....		
34. During labor.....		35. Stillborn.....		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. 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)

Registrar.

(Signed) Effie Lee Hall, Parent or....., Guardian

Address.....

Filed Mar. 22, 1944 L.A. Riser, M.D.

Registrar.

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FILE No.—For State Registrar Only

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