

23 046612

ly

2258

# Standard Certificate of Birth

1. PLACE OF BIRTH  
 County of Greewood  
 Township of.....  
 or  
 Inc. Town of Ninety Six  
 or  
 City of.....

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Registration District No. 2310 Registered No. ....  
 (For use of Local Registrar)

(No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)  
 If child is not yet named, make supplemental report as directed.

2. FULL NAME OF CHILD Leroy Faulkner

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature..... Full term <input checked="" type="checkbox"/>	7. Are Parents Married? <input checked="" type="checkbox"/>	8. Date of birth <u>Sept 16</u> , 19 <u>23</u> (Month, day, year)
------------------------------	------------------	----------------------------------	-----------------------------------	--------------------------------------------------------------------	-------------------------------------------------------------	----------------------------------------------------------------------

9. Full name Percy Howard Faulkner  
 FATHER

18. Name before marriage Mary Jane Oswald  
 MOTHER

10. Residence (mailing address) Greewood Ninety Six S.C.  
 (If non-resident, give place and State)

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

11. Color or race W

20. Color or race W

12. Age at child's birth 30 (years)

21. Age at child's birth 29 (years)

13. Birthplace (city or place) Edgfield S.C.  
 (State or country)

22. Birthplace (city or place) Greewood S.C.  
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 96 Cotton mill

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

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Textiles

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

25. Date (month and year) last engaged in this work

17. Total time (years) spent 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) 4 (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 12 P m. on the date above stated.  
 (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Mary Arnold Faulkner, Parent

Given name added from a supplementary report..... (Date of)

or....., Guardian

Address.....  
 Filed Jan 18, 1941 Mrs. J. F. Duceberry Registrar.

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)