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

1. PLACE OF BIRTH

County of Richland
Township of _____
or
Inc. Town of Childs
or
City of R

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38 03

FILE No.—For State Registrar Only

01220

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)

2. FULL NAME OF CHILD Edith Bell Mickens { If child is not yet named, make supplemental report as directed.

3. Boy or Girl girl If Plural births _____ 4. Twins, triplets or other. _____ 5. Number, in order of birth. _____ 6. Premature. _____ Full term. _____ 7. Are Parents Married? yes 8. Date of birth April 1, 1922 (Month, day, year)

9. Full name CAESAR FATHER Caesar Mickens 18. Name before marriage MOTHER Alice Green

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

11. Color or race Col. 12. Age at child's birth 32 (years) 20. Color or race Col. 21. Age at child's birth 30 (years)

13. Birthplace (city or place) (State or country) Richland Co. S.C. 22. Birthplace (city or place) (State or country) Richland Co. S.C.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____, 19____

27. Number of children of this mother (At time of birth and including this child) 5 (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 0

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 5:00 a.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) _____

(Signed) Alice Mickens, Parent

or _____, Guardian

Address Rt. 14 Columbia S.C.

Signed I. A. Riser, M.D. Registrar.

Registrar.

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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.)