

9/20/43  
No errors.  
ack. .50

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 Childs  
or  
City of ✓

(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 03

FILE No.—For State Registrar Only

01220

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

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 Mickens

18. Name before marriage MOTHER Alice Green

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

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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

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

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) 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) \_\_\_\_\_

Registrar.

(Signed) Alice Mickens, Parent

or \_\_\_\_\_, Guardian

Address Rt. 14 Columbia S.C.

Filed Oct. 19, 1922 L. A. Riser, M.D.

Registrar.

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