

4/25/45 p

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

1. PLACE OF BIRTH

County of Orangeburg
Township of _____
or
Inc. Town of Bowman, S.C.
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3614

FILE No.—For State Registrar Only

00714

Registered No. _____
(For use of Local Registrar)

Ward _____

2. FULL NAME OF CHILD

Hettie Bell Rush

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

3. Boy or Girl Girl 4. Twins, triplets or other... ✓ 5. Number, in order of birth... _____
6. Premature... ✓ 7. Are Parents Married? yes 8. Date of birth March 11, 1922
(Month, day, year)

9. Full name Henry Rush FATHER
10. Residence (mailing address) Rt 1 Bowman, S.C.
(If non-resident, give place and State)

18. Name before marriage Rose Anna Felder MOTHER
19. Residence (mailing address) Rt 1 Bowman, S.C.
(If non-resident, give place and State)

11. Color or race Col. 12. Age at child's birth 2.3 (years)
13. Birthplace (city or place) Bowman, S.C.
(State or country)

20. Color or race Col. 21. Age at child's birth 2.5 (years)
22. Birthplace (city or place) Bowman, S.C.
(State or country)

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. Own Farm
16. Date (month and year) last engaged in this work _____
17. Total time (years) spent in this work all his life

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

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (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 3 p.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) Rose Anna Rush, Parent
or Vincent Hillard, Guardian
Address Bowman, S.C.
Filed May 3, 19 45 L.A. Riser, M.D.
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.)

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