

16 093602

## 1. PLACE OF BIRTH

County of Florence  
 Township of Cair  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 2001

FILE No. For State Registrar Only

00298

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

3. Boy or Girl Boy If Plural births \_\_\_\_\_ 4. Twin, triplet or other. \_\_\_\_\_ 5. Number, in order of birth 1  
 6. Premature. \_\_\_\_\_ Full term yes 7. Are Parents Married? yes 8. Date of birth Dec 23, 1916  
 (Month, day, year)

9. Full name John Longo FATHER 18. Name before marriage Sarah Eady MOTHER

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

11. Color or race Colored 12. Age at child's birth 24 (years) 20. Color or race Colored 21. Age at child's birth 26 (years)

13. Birthplace (city or place) (State or country) Hyman S.C. 22. Birthplace (city or place) (State or country) Kingburg S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House work

15. Industry or business in which work was 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. own home

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work all time 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work all

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

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 alive at 12 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.

Given name added from a supplementary report \_\_\_\_\_  
 (Date of) \_\_\_\_\_

Registrar.

(Signed) John Longo Parent

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

Address Paulina StFiled 5/1/42, 19 19 M.B. Woodward M.D.

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.)