

22 049476

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)

## 1. PLACE OF BIRTH

County of **RICHLAND.**

Township of.....

or

Inc. Town of.....

or

City of **COLUMBIA**

(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-A**

FILE No.—For State Registrar Only

**1875**

Registered No.....

(For use of Local Registrar)

(No. **1 BLUFF ROAD** St.;

Ward)

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

2. FULL NAME OF CHILD **NANNIE MAE PERRY**

3. Boy or Girl

If Plural births

4. Twins, triplets or other

6. Premature.....

7. Are Parents

8. Date of birth

19.....

5. Number, in order of birth.....

Full term.....

Married?.....

(Month, day, year)

**GIRL****FATHER**9. Full name **LESTER OLIVER PERRY****MOTHER**

18. Name before marriage

**RUBY CHRISTINA RINGWAY****1325 BERKLEY AVE COL**

10. Residence (mailing address)

**DONT KNOW****WHITE**

19. Residence (mailing address)

**S.C.****WHITE**

11. Color or race.....

12. Age at child's birth.....

**33**

(years)

20. Color or race.....

21. Age at child's birth.....

**30**

(years)

13. Birthplace (city or place)

**fairfield county s.c.**

(State or country)

22. Birthplace (city or place)

**CLARENDON COUNTY**

(State or country)

**S.C.**

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

**TEXTILE**

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.....

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

**TEXTILE**

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

26. Total time (years) spent in this work

**NOW ENGAGED**

19.....

27. Number of children of this mother (At time of birth and including this child)

**3**

(a) Born alive and now living.....

(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

**BORN ALIVE****P**I hereby certify to the birth of this child, who was.....at.....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) **Mrs R.C. Perry**, Parent

or....., Guardian

Given name added from

a supplementary report.....

(Date of)

Address **1325 BERKLEY AVE COL S.C.**Filed **Dec. 17, 1940** **M.B. Woodward, M.D.**

Registrar.

Registrar.