

1. PLACE OF BIRTH

County of Chester, S.C.Standard Certificate of Birth
STATE OF SOUTH CAROLINABureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only

14699-a

Township of _____

or
Inc. Town of Chester, S.C.or
City of _____

Registration District No. _____

Registered No. _____

(For use of Local Registrar)

(No. _____ St. _____ Ward) 42 FULL NAME OF CHILD Augustus Springs Jr. { 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. Premature _____ 7. Legitimate? Yes 8. Date of birth May 29, 1922
(Month, day, year)9. Full name Augustus Springs Jr.
FATHER
10. Residence (usual place of abode) Chester, S.C.
(If nonresident, give place and State)18. Full maiden name Ludie Edwards
MOTHER
19. Residence (usual place of abode) _____
(If non-resident, give place and State)11. Color or race Negro 12. Age at last birthday 19 (Years)20. Color or race Negro 21. Age at last birthday 17 (Years)13. Birthplace (city or place) Chester, S.C.
(State or country)22. Birthplace (city or place) Chester, S.C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____

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. _____

16. Date (month and year) last engaged in this work _____, 19____

25. Date (month and year) last engaged in this work _____, 19____

17. Number of children of this mother (At time of this birth and including this child) / (a) Born alive and now living 40 (b) Born alive but now dead _____ (c) Stillborn _____

18. If stillborn, period of gestation _____ { months _____ weeks _____ } 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 4 a.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.

Give name added from _____

supplemental report _____

(Date of) _____

(Signed) _____

or _____

Address _____

Filed May 29, 1922

M. D.

Midwife

Registrar

Registrar