

1. PLACE OF BIRTH
County of Chester, S.C.

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

14199-a

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

Bureau of Vital Statistics
State Board of Health

Registration District No. _____

Registered No. _____

(For use of Local Registrar)

(No. _____ St. _____ Ward) 4

2. FULL NAME OF CHILD Augustus Springs Jr.
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
(If child is not yet named, make supplemental report as directed.)

3. Boy or Girl Boy 4. Twin, triplet, or other _____ 5. Premature _____ 7. Legitimate? Yes 8. Date of birth May 29 1922
(Month, day, year)

FATHER
9. Full name Augustus Springs Jr.
10. Residence (usual place of abode) Chester, S.C.
(If nonresident, give place and State)
11. Color or race Negro 12. Age at last birthday 19 (Years)
13. 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
15. Industry or business in which work was 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 _____

MOTHER
18. Full maiden name Ludie Edwards
19. Residence (usual place of abode) _____
(If non-resident, give place and State)
20. Color or race Negro 21. Age at last birthday 17 (Years)
22. Birthplace (city or place) Chester, S.C.
(State or country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____
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 _____

27. 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 _____
28. If stillborn, _____ (months) _____ (weeks) 29. Cause of stillbirth _____
period of gestation _____

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)

(Signed) Plesant Heath M. D.
or _____ Midwife
Address Chester S.C.
Filed May 29, 1922

Give name added from _____
supplemental report _____
(Date of) _____

Registrar.

Registrar.