

PLACE OF BIRTH

County of UnionCity of Unionor Town of Union

or

Day of AugFULL NAME OF CHILD R. G. Townsend

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40

FILE No. For State Registrar Only

37913-a

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)

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

Boy or Girl

11. Plural

4. Twin, triplet, or other

6. Premature

7. Legiti-

8. Date of

Boy

births

5. Number, in order of birth

Full term

mate? Yes

birth

Sept 201923

(Month, day, year)

Full

name

FATHER

12. Residence (usual place of abode)

If nonresident, give place and State

N.C.

18. Full

maiden

name

MOTHER

19. Residence (usual place of abode)

(If nonresident, give place and State)

N.C.

20. Color or race

White

21. Age at last birthday

30

(Years)

22. Birthplace (city or place)

Union Co.

23. Age at last birthday

26

(Years)

24. Birthplace (city or place)

(State or country)

Hot Springs, Ark.

25. Birthplace (city or place)

(State or country)

Union Co.S.C.

26. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.

Farmer

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

Housewife

28. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

None

29. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

None

30. Date (month and year) last engaged in this work

1923

31. Total time (years) spent in this work

32. Date (month and year) last engaged in this work

19

33. Total time (years) spent in this work

19

Number of children of this mother

At time of this birth and including this child

(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 0

If mother

period of gestation

{ months

weeks

34. 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 Born alive at 4:30 p.m. on the date above stated

(Born alive or stillborn)

(Signed)

M. D.

or

Midwife

Address

Filed

Union Co.19

Registrar

When there was no attending physician

or midwife, then the father, householder,

or should make this return.

Name added from

supplemental report

(Date of)

Registrar

A child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.