

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.)

22 049407

1. PLACE OF BIRTH

County of Richland
Township of Columbia
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

01150

Registered No. _____
(For use of Local Registrar)

(No. Hood Mountain St.; _____ Ward)
(If child is not yet named, make supplemental report as directed.)

2. FULL NAME OF CHILD Ella Smith

3. Boy or Girl Girl 4. Twin, triplet or other. _____ 5. Number, in order of birth 1 6. Premature. _____ 7. Are Parents _____ 8. Date of birth Sept 16, 1922
(Month, day, year)

9. Full name FATHER
Henry Smith

18. Name before marriage MOTHER
Bessie Robinson

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

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

11. Color or race Colored 12. Age at last birthday 25 (years)

20. Color or race Colored 21. Age at last birthday 24 (years)

13. Birthplace (city or place)
(State or country) Allendale S.C.

22. Birthplace (city or place)
(State or country) Allendale 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 Keeper

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 _____ 17. Total time (years) spent in this work ?

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 birth and including this child) (a) Born alive and now living Alive (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 that I attended the birth of this child, who was Born at 9:00 a.m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 9:00 A.M. on above date. Argyrol
(Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____

{ 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) _____

(Signed) B. A. Everett, M. D.

or _____ Midwife

Address 1329 Pine St.

Filed June 15, 1943 M. B. Woodward
Local Registrar

State Registrar

F.P.E. m.d.