

22 049388

FILE No.—For State Registrar Only
04939

Standard Certificate of Birth

1. PLACE OF BIRTH
County of Richland
Township of _____
or
Inc. Town of _____
or
City of Columbia (No. 1409 Lower St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 380 Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Mary Alice Stack { If child is not yet named, make supplemental report as directed.
3. Boy or Girl Girl If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Are Parents Married? Yes 8. Date of birth 12-16-1922
(Month, day, year)

9. Full name James Douglas Stack FATHER
10. Residence (mailing address) 1409 Lower
(If non-resident, give place and State)

18. Name before marriage Pearl Dickie MOTHER
19. Residence (mailing address) 1409 Lower
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 51 (years)
13. Birthplace (city or place) Columbia
(State or country) S.C.

20. Color or race W 21. Age at last birthday 31 (years)
22. Birthplace (city or place) Washington
(State or country) S.C.

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Construction
16. Date (month and year) last engaged in this work 12-16-1922
17. Total time (years) spent in this work 1 mo

OCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home
25. Date (month and year) last engaged in this work 12-16-1922
26. Total time (years) spent in this work 5 yrs

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0
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 alive 7 P.M. on the date above stated.

I certify that I instilled or had instilled in the eyes of this child at 7:10 P.M. on above date 207 Neo-Silver (Name of Prophylactic)

Cleft Palate NO Hare Lip NO Other Deformities None (Specify)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [Signature], M. D.

or _____ Midwife

Given name added from a supplementary report _____ (Date of)

Address Columbia S.C.

Filed July 3, 1923 M. B. Woodward, M.D. Local Registrar

State Registrar

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.)