

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.)

1. PLACE OF BIRTH

County of Richland

Township of

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)

2. FULL NAME OF CHILD

Mary Alice Stack

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-

(Month, day, year)

1922

9. Full name

James Douglas Stack

10. Residence (mailing address)

(If non-resident, give place and State) 1409 Lemer

11. Color or race

W

12. Age at last birthday

51 (years)

13. Birthplace (city or place)

(State or country) Columbia

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 housekeeper, 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 20% Neo-Silva (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.

Given name added from

a supplementary report

(Date of)

State Registrar

(Signed) J. P. Marshall M. D.

or Col. S. C. Midwife

Address Col. S. C.

Filed July 3, 1942 M. B. Woodward, M.D.

Local Registrar

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 380

Registered No.

(For use of Local Registrar)

FILE No.—For State Registrar Only

04939

Ward

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

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