

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
City of Columbia

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
02299

Registered No.
(For use of Local Registrar)

(No. 1813 Laurel St. St.; Ward)
of street and number)
/ If child is not yet named, make supplemental report as directed.

2. FULL NAME OF CHILD William Hayne Thrower

3. Boy or Girl Boy If Plural births 4. Twins, triplets or other 6. Premature 7. Are Parents Married? Yes 8. Date of birth April 10, 19 22
(Month, day, year)

9. Full name Jesse Thrower FATHER

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

11. Color or race C. 12. Age at child's birth 27 (years)

13. Birthplace (city or place) Lancaster, 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 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 19.

18. Name before marriage MOTHER
Katie Lee Stevenson

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

20. Color or race C. 21. Age at child's birth 22 (years)

22. Birthplace (city or place) Newberry Co.
(State or country)

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Office Girl

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

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 19.

27. Number of children of this mother (At time of birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months weeks 29. Cause of stillbirth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at m, on the date above stated.
(Born alive or stillborn)

(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 Jesse Thrower Parent
or Guardian

Address.....
Filed Mich. 3, 19 41 M.B. Woodward, M.D.
Registrar.

Registrar.