

22 049257

1. PLACE OF BIRTH

County of OrangeburgTownship of Cityor
Inc. Town of _____City of Orangeburg

(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. 36-a Registered No. _____

FILE No.—For State Registrar Only

00708

(For use of Local Registrar)

Ward _____

2. FULL NAME OF CHILD Ervin Willie Langston, Jr.

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

3. Boy or Girl <u>Boy</u>	If Plural births _____	4. Twin, triplet or other _____	6. Premature _____	7. Are Parents Married? <u>Yes</u>	8. Date of Birth <u>April 6</u> 19 <u>22</u> (Month, day, year)
5. Number, in order of birth _____		Full term _____			

9. Full name <u>ERVIN</u> <u>Ervin Willie Langston, Sr.</u>	FATHER
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18. Name before marriage <u>Laura Wilk</u> <u>INSON</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Orangeburg, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Orangeburg</u>
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11. Color or race <u>White</u>	20. Color or race <u>White</u>
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12. Age at child's birth <u>26</u> (years)	21. Age at child's birth <u>23</u> (years)
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13. Birthplace (city or place) (State or country) <u>Orangeburg, S.C.</u>	22. Birthplace (city or place) (State or country) <u>Orangeburg, S.C.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Textile</u>	23. Trade, profession, or particular kind of work done, as house- keeper, typist, nurse, clerk, etc. <u>Houswife</u>
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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. _____
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16. Date (month and year) last engaged in this work _____	25. Date (month and year) last engaged in this work _____
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17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____
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27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ (months) _____ (weeks)	29. Cause of stillbirth _____
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Before labor _____	During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Dr. H. T. Schiffley of Orangeburg, S.C., and now dead

I hereby certify to the birth of this child, who was _____ 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.)
(Signed) Laura Wilk Inson Langston, Parent
or _____, GuardianGiven name added from
a supplementary report _____
Address Orangeburg, S.C.Filed 2/14, 1925 L. A. Riser, M.D.
Registrar. _____ Registrar. aih

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.)