

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 ERVIN FATHER  
Ervin Willie Langston, Sr.18. Name before marriage MOTHER  
Laura Wilkenson10. Residence (mailing address)  
(If non-resident, give place and State) Orangeburg, S.C.19. Residence (mailing address)  
(If non-resident, give place and State) Orangeburg11. Color or race White20. Color or race White12. Age at child's birth 26 (years)21. Age at child's birth 23 (years)13. Birthplace (city or place)  
(State or country) Orangeburg, S.C.22. Birthplace (city or place)  
(State or country) Orangeburg, S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Houswife

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

25. Date (month and year) last engaged in this work

17. Total time (years) spent 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..... (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  
Dr. H. T. Schiffley of Orangeburg, S.C., and now deadI 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 Wilkenson Langston, Parent  
or \_\_\_\_\_, GuardianGiven name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_  
(Date of)Address Orangeburg, S.C.  
Filed 2/14, 1925 L. A. Riser, M.D.  
Registrar.

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.)