

73

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Spartanburg

Township of _____

or
the Town of _____City of Spartanburg

(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. _____

FILE No.—For State Registrar Only

Vol. 57

42688

Registered No. _____

(For use of Local Registrar)

Spartanburg General Hospital

Ward) _____

2. FULL NAME OF CHILD Margarite Frances Strauss

(If child is not yet named, make supplemental report as directed)

3. Sex of Child <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	4. Twins, triplets or other..... A. Number, in order of birth.....	5. Premature..... Full term.....	6. Are Parents Married? <u>Yes</u>	7. Date of Birth <u>10/12/23</u> (Month, day, year)
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8. Full name <u>FATHER</u> <u>John William Strauss</u>	9. Name before marriage <u>MOTHER</u> <u>Zeppie Madella Pate</u>
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10. Residence (mailing address) (If non-resident, give place and State)	<u>148 Patillo S.</u>
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11. Color or race <u>W</u>	12. Age at last birthday <u>40</u> (years)	13. Color or race <u>W</u>	14. Age at last birthday <u>35</u> (years)
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15. Birthplace (city or place) (State or country)	<u>Wilmington, N.C.</u>	16. Birthplace (city or place) (State or country)	<u>Goldsboro, N.C.</u>
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17. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.	<u>Steamfitter</u>	18. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>Housewife</u>
19. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		20. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
21. Date (month and year) last engaged in this work <u>10/11</u>	22. Total time (years) spent in this work <u>20</u>	23. Date (month and year) last engaged in this work	24. Total time (years) spent in this work

25. Number of children of this mother (A) time of birth and including this child (a) Born alive and now living..... <u>3</u>	(b) Born alive but now dead.....	(c) Stillborn.....
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26. If stillborn, period of gestation.....	27. Cause of stillbirth.....	28. Before labor.....	29. During labor.....
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)I certify that I instilled or had instilled in the eyes of this child at _____ m. on above date.
(Name of Prescriber)

Cleft Palate..... Hare Lip..... Other Deformities.....

Jesse O. Willson, M.D. (Signed) Zeppie Pate Strauss, M.D.

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

Given name added from _____
a supplementary report _____
(Date of) 3-27-44

State Registrar