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

1. PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson, S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD James Earl Leroy3. Boy or Girl BoyIf 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.....

Dec 12th 1916
(Month, day, year)

9. Full name

FATHER

10. Residence (mailing address)

(If non-resident, give place and State)

11. Color of White12. Age at last birthday 26 (years)

13. Birthplace (city or place)

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

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

17. Total time (years) —

19..... spent in this work

OCCUPATION

18. Name before marriage

MOTHER

19. Residence (mailing address)

(If non-resident, give place and State)

20. Color or race.....

21. Age at last birthday 21 (years)

22. Birthplace (city or place)

(State or country)

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

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

25. Date (month and year) last engaged 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 Alive(b) Born alive but now dead None(c) Stillborn None

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 at 3 a. 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 3 a. M. on above date Del. Bonnier Co.
(Name of Prophylactic)Cleft Palate None Hare Lip None 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)

(Signed) James Earl Leroy, M. D.or Anderson, S.C. MidwifeAddress Anderson, S.C.Filed 11/4/41

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M. B. Woodward, M.D.

Local Registrar

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.)

State Registrar