

DUPLICATE PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD

**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.)

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

## 1. PLACE OF BIRTH

County of Cheshire  
Township of Court House  
or  
Inc. Town of.....  
or  
City of.....

# Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

**Bureau of Vital Statistics  
State Board of Health**

Registration District No. 203 Registered No. 210  
(For use of Local Registrar)

(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

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

## 2. FULL NAME OF CHILD

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..... (Month, day, year)
		5. Number, in order of birth.....	Full term <u>Yes</u>		<u>March 19</u> 19 <u>16</u>

9. Full name FATHER

18. Name before marriage **MOTHER** *Sellers*

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

19. Residence (mailing address)  
(If non-resident, give place and State) Chesham, N.Y.

11. Color or race White 12. Age at last birthday 56 (years)

20. Color or race... White 21. Age at last birthday... 21 (year)

13. Birthplace (city or place).....Chattanooga, Tenn.  
(State or country).....S. S.

22. Birthplace (city or place).....Marshall, S.C.  
(State or country)

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

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

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

17. Total time (years)

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

26. Total time (years)

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.....

If stillborn, period of gestation.....	months weeks	29. Cause of stillbirth.....	Before labor..... 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 alive at 8:00 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.....M. on above date.....  
(Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities..... (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) Richard M. Lawrence, M. D.

or \_\_\_\_\_, Midwife

Address. Rocky Mountain

Filed 10-14-42 1942 Mrs. W. S. Watson

**State Registrar**