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Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only
02318

1. PLACE OF BIRTH
County of Richland
Township of Trick
or
Inc. Town of _____
or
City of Columbia - S. C. (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 3805 Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Ernest Jacob Nunnemaker { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural Births _____ 4. Twins, triplets or other _____ 6. Premature _____ 7. Are Parents Married? Yes 8. Date of birth 29th May, 1922
(Month, day, year)

9. Full name of FATHER Ernest Jacob Nunnemaker 18. Name before marriage of MOTHER Mattie Young

10. Residence (mailing address) Columbia - S. C. Rt. 2 19. Residence (mailing address) Columbia - S. C. Rt. 2
(If non-resident, give place and State)

11. Color or race White 12. Age at child's birth 47 (years) 20. Color or race White 21. Age at child's birth 37 (years)

13. Birthplace (city or place) Richland County 22. Birthplace (city or place) Laurens County
(State or country) South Carolina (State or country) South Carolina

| OCCUPATION | 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. | 16. Date (month and year last) engaged in this work | 17. Total time (years) spent in this work | OCCUPATION | 23. Trade, profession, or particular kind of work done, as house-keeper, 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 |
|------------|--|--|---|---|------------|---|--|---|---|
| | <u>Farmer</u> | <u>"</u> | <u>Passed away</u> | <u>19</u> | | <u>Housewife</u> | <u>"</u> | <u>X</u> | <u>X</u> |

27. Number of children of this mother 6th
(At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn _____

28. If stillborn, period of gestation X months _____ weeks _____ 29. Cause of stillbirth X Before labor _____ During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was _____ at _____ P. 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) Mrs. Mattie J. Nunnemaker, Parent
or _____, Guardian

Given name added from a supplementary report _____
(Date of)

Address _____
Filed April 15, 1942 M. B. Woodward, M.D.
Registrar.

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)