

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)

1. PLACE OF BIRTH		Standard Certificate of Birth		22 049499	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		FILE No.—For State Registrar Only <b>02318</b>	
Township of <u>Tock</u>		Registration District No. <u>3805</u>		Registered No. _____	
or Inc. Town of _____		(No. _____ St. _____ Ward _____)		(For use of Local Registrar)	
City of <u>Columbia - S. C.</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number)			
2. FULL NAME OF CHILD <u>Ernest Jacob Nunnemaker</u> { If child is not yet named, make supplemental report as directed.					
3. Boy or Girl <u>Boy</u>	If Plural births _____	4. Twins, triplets or other _____	5. Number, in order of birth _____	6. Premature _____	7. Are Parents Married? <u>Yes</u>
8. Date of birth <u>29th May</u> , 19 <u>22</u>			(Month, day, year)		
9. Full name of FATHER <u>Ernest Jacob Nunnemaker</u>			18. Name before marriage of MOTHER <u>Mattie Young</u>		
10. Residence (mailing address) <u>Columbia - S. C.</u> (If non-resident, give place and State) <u>Rt. 2</u>			19. Residence (mailing address) <u>Columbia - S. C.</u> (If non-resident, give place and State) <u>Rt. 2</u>		
11. Color or race <u>White</u>		12. Age at child's birth <u>42</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) <u>Richland County</u> (State or country) <u>South Carolina</u>		21. Age at child's birth <u>37</u> (years)		22. Birthplace (city or place) <u>Laurens County</u> (State or country) <u>South Carolina</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>"</u>		16. Date (month and year last) engaged in this work <u>Passed away</u> , 19 <u>    </u>	
17. Total time (years) spent in this work <u>    </u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>"</u>	
25. Date (month and year) last engaged in this work <u>X</u> , 19 <u>    </u>		26. Total time (years) spent in this work <u>X</u>			
27. Number of children of this mother <u>6th</u> (At time of birth and including this child) (a) Born alive and now living <u>4</u> (b) Born alive but now dead <u>2</u> (c) Stillborn _____					
28. If stillborn, period of gestation <u>X</u> months _____ weeks _____		29. Cause of stillbirth <u>X</u>		Before labor _____ During labor <u>X</u>	
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.) Given name added from a supplementary report _____ (Date of) _____					
(Signed) <u>Mrs. Mattie J. Nunnemaker</u> , Parent or _____, Guardian Address _____ Filed <u>April 15</u> , 19 <u>42</u> <u>M. B. Woodward, M.D.</u> Registrar.					