

Not reg. in hall

5-18-49 bhh

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

# Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3803

FILE No. For State Registrar Only

22 049357

## 1. PLACE OF BIRTH

County of Richland

Township of \_\_\_\_\_

or

Inc. Town of Congaree

or

City of \_\_\_\_\_

(No. \_\_\_\_\_

St.; \_\_\_\_\_

Ward) \_\_\_\_\_

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

## 2. FULL NAME OF CHILD

James Smith

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

3. Boy or

If Plural

4. Twin, triplet or other \_\_\_\_\_

6. Premature \_\_\_\_\_

7. Are Parents

8. Date of birth June 8

19 22

Boy

births

5. Number, in order of birth \_\_\_\_\_

Full term \_\_\_\_\_

Married? Yes

(Month, day, year)

9. Full name

FATHER

Willie Smith

18. Name before marriage

MOTHER

Dasie Howell

10. Residence (mailing address)

(If non-resident, give place and State)

Congaree, S.C.

19. Residence (mailing address)

(If non-resident, give place and State)

Congaree, S.C.

11. Color or race Col

12. Age at child's birth 21

(years)

20. Color or race Col

21. Age at child's birth 19

(years)

13. Birthplace (city or place)

(State or country)

Kershaw County, S.C.

22. Birthplace (city or place)

(State or country)

Richland County S.C.

OCCUPATION

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

Farming

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.

Housewife

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 living 3

(b) Born alive but now dead 1

(c) Stillborn \_\_\_\_\_

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 to the birth of this child, who was born at Born Alive 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) Dasie Smith

Parent

or \_\_\_\_\_

Guardian

Address \_\_\_\_\_

Filed May 26

19 49

Thos. P. Lesesne

Registrar.

aih

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.)