

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)

16 092967

8/25/41

Standard Certificate of Birth

FILE No.—For State Registrar Only

00233

1. PLACE OF BIRTH

County of Anderson

Township of _____

or _____

Inc. Town of _____

or _____

City of Anderson

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

(No. 518 Tower St. _____)

Ward _____

Registration District No. 3-a

Registered No. _____

(For use of Local Registrar)

2. FULL NAME OF CHILD Harold Black

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

3. Boy or Girl Boy 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Are Parents Married Yes 8. Date of birth Nov. 18, 19 16 (Month, day, year)

9. Full name FATHER Ernest Black

18. Name before marriage MOTHER Lily Agnew

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

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11. Color or race Col. 12. Age at child's birth 28 (years)

20. Color or race Col. 21. Age at child's birth 21 (years)

13. Birthplace (city or place) (State or country) Honeynath South Carolina

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

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

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None

16. Date (month and year last) engaged in this work December, 1922

25. Date (month and year) last engaged in this work _____ 19 _____

17. Total time (years) spent in this work 8

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 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation No 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 alive at 9:00A.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) James B. Robinson, Parent or Guardian Address 4224 Stanton

Filed 9/8/41, 19 M.B. Woodward, M. D.

Registrar.

Registrar.