

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 (No. EE 518 Tower St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

STATE OF SOUTH CAROLINA

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 If Plural births 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term 7. Are Parents Married 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) Anderson, S.C. 19. Residence (mailing address) Anderson, S.C.
(If non-resident, give place and State)

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) Honeynath 22. Birthplace (city or place) Honeynath
(State or country) South Carolina (State or country) South Carolina

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 17. Total time (years) spent in this work 8 25. Date (month and year) last engaged in this work 19..... 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 James B. Robinson Parent
 a supplementary report..... Guardian
 (Date of).....
 Address 4224 Stanton
 Filed 9/8/41, 19 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)