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

1. PLACE OF BIRTH

County of Richland

Township of

or

Inc. Town of

or

City of Columbia, S. C.

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-a Registered No.

(For use of Local Registrar)

2. FULL NAME OF CHILD

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

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>May 16</u> 19 <u>22</u> (Month, day, year)
		5. Number, in order of birth.....	Full term.....		

9. Full name
FATHER
Frederick William Castleman

18. Name before
marriage
MOTHER
Aline Mallard

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

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

11. Color or race White 12. Age at child's birth 27 (years)

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

13. Birthplace (city or place)
(State or country) Lowndesville
S. C.

22. Birthplace (city or place)
(State or country) Columbia
S. C.

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

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

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

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

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

17. Total time (years)
spent in this work

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

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 5 A.M. on the date above stated.

{ 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)

Registrar.

(Signed) S. Castleman, Parent

or Bonham, Guardian

Address 301 S. Bonham St. Columbia, S.C.

Filed Jan. 4, 19 44 L. A. Riser, M.D.
Registrar.

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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.)

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FILE No.—For State Registrar Only

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