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

22 049338

Standard Certificate of Birth

FILE No.—For State Registrar Only

01207

1. PLACE OF BIRTH

County of.....**Richland**

Township of.....

or
Inc. Town of.....City of.....**Columbia, S. C.**

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

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 **Girl** If Plural births
4. Twins, triplets or other.....
5. Number, in order of birth.....
6. Premature..... Full term.....
7. Are Parents Married? **Yes**
8. Date of Birth **May 16** 19 **22**
(Month, day, year)9. Full name **FATHER**
Frederick William Castleman18. Name before marriage **MOTHER**
Aline Mallard10. Residence (mailing address) **Columbia, S. C.**
(If non-resident, give place and State)19. Residence (mailing address) **Columbia, S. C.**
(If non-resident, give place and State)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) **Lowndesville**
(State or country) **S. C.**22. Birthplace (city or place) **Columbia**
(State or country) **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 19.....
17. Total time (years) spent in this work.....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) **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)(Signed) *S. Castleman*, Parentor **Bonham**, Guardian
Address **301 S. Bonham**Filed **Jan. 4**, 19 **44** **L. A. Riser, M.D.**
Registrar.

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.)