

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.)

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

1. PLACE OF BIRTH

County of

Edgefield S.C.

Township of

or

Inc. Town of

Marionetha R.F.D.

or

City of

(No. _____ St. _____ Ward _____)
(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.

1806

Registered No.

(For use of Local Registrar)

Ward

FILE No.—For State Registrar Only

00214

16 093557

2. FULL NAME OF CHILD

Robert Samuel

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

3. Boy or Girl

If Plural births

4. Twins, triplets or other

6. Premature

7. Are Parents

8. Date of birth

Sept 25- 1916

Boy

5. Number, in order of birth

Full term

Married? yes

(Month, day, year)

9. Full name

FATHER

Ollie Samuels

18. Name before marriage

MOTHER

Mary Bell Griffen

10. Residence (mailing address)

(If non-resident, give place and State)

Marionetha R.F.D.

19. Residence (mailing address)

(If non-resident, give place and State)

Marionetha R.F.D.

11. Color or race

Negro

12. Age at child's birth

23 (years)

20. Color or race

Negro

21. Age at child's birth

20 (years)

13. Birthplace (city or place)

Richmond Co. S.C.

22. Birthplace (city or place)

Aiken Co. S.C.

(State or country)

OCCUPATION

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

farmer

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.

house keeper

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

own home

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

26. Total time (years) spent in this work

Sept 1917

life

27. Number of children of this mother

(At time of birth and including this child)

(a) Born alive and now living

2

(b) Born alive but now dead

(c) Stillborn

2

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 _____ 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) X Sarah McKie, Present or _____, Guardian

Address _____

Filed Sept 3, 1917 L. A. Riser, M.D. Registrar

Registrar.