

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

16 093557

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only

County of Edgefield S.C.

STATE OF SOUTH CAROLINA

00214

Township of Meriwether A.F.C.

Bureau of Vital Statistics

State Board of Health

or
Inc. Town of Meriwether A.F.C.

Registration District No. 1806

Registered No.
(For use of Local Registrar)

or
City of

(No. St.; Ward)

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

2. FULL NAME OF CHILD

Robert Samuel

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

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other..... <u>1</u>	6. Premature.....	7. Are Parents Married? <u>yes</u>	8. Date of birth..... <u>Sept 25-1916</u> (Month, day, year)
9. Full name <u>Ollie Samuels</u>	FATHER			18. Name before marriage <u>Mary Bell Griffen</u>	
10. Residence (mailing address) (If non-resident, give place and State) <u>Meriwether R.F.D.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Meriwether R.F.D.</u>		
11. Color or race <u>Negro</u>	12. Age at child's birth..... <u>23</u> (years)	20. Color or race <u>Negro</u>	21. Age at child's birth..... <u>20</u> (years)	22. Birthplace (city or place) (State or country) <u>Aitken Co. S.C.</u>	
13. Birthplace (city or place) (State or country) <u>Richmond Co. S.C.</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>house keeper</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.			25. Date (month and year) last engaged in this work <u>Sept 1917</u>		
16. Date (month and year) last engaged in this work <u>Dec 1918</u>			26. Total time (years) spent in this work <u>life</u>		
17. Total time (years) spent in this work <u>all his life</u>			27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living..... <u>2</u> (b) Born alive but now dead..... (c) Stillborn..... <u>2</u>		
28. If stillborn, period of gestation..... (months) weeks			29. Cause of stillbirth.....		

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.

(Signed) X. Sarah McKie, Parent
Sarah McKie, Guardian

Given name added from a supplementary report..... (Date of)

Address.....
Filed Sept 3, 1943 L. A. Riser, 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.)