

10/21/41

22 049485

1. PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofCity of Columbia

(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

FILE No.—For State Registrar Only

02304

Registration District No. 38-a Registered No.

(For use of Local Registrar)

(No. Door of Hope St.; Ward)2. FULL NAME OF CHILD Archie Jones

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.....	5. Number, in order of birth.....	6. Premature..... Full term..... <u>X</u>	7. Are Parents Married?..... <u>NO</u>	8. Date of birth..... <u>Aug. 12,</u> (Month, day, year) 19 <u>22</u>
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9. Full name
FATHER18. Name before
marriage
MOTHER
Lizzie Jones10. Residence (mailing address)
(If non-resident, give place and State).....19. Residence (mailing address)
(If non-resident, give place and State).....
State Training School

11. Color or race.....

20. Color or race.....W

12. Age at child's birth.....(years)

21. Age at child's birth.....26(years)13. Birthplace (city or place)
(State or country).....22. Birthplace (city or place)
(State or country).....Marion County
S.C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.....
Inmate, State15. Industry or business in which
work was 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.....
Training School16. Date (month and year last)
engaged in this work25. Date (month and year) last
engaged in this work17. Total time (years)
spent 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) (a) Born alive and now living.....(b) Born alive but now dead.....(c) Stillborn.....28. If stillborn, months
period of gestation..... weeks29. 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 alive at 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
a supplementary report.....
(Date of).....(Signed) M. B. Woodward, Parent
or GuardianAddress.....Supt. State Training School
Clinton, S.C.
Filed.....11/10/41 19 22 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)