

10/21/41

22 049485

Standard Certificate of Birth

FILE No.—For State Registrar Only

02304

1. PLACE OF BIRTH

County of Richland

Township of _____

or

Inc. Town of _____

or

City of Columbia

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

Registration District No. 38-a

Registered No. _____

(For use of Local Registrar)

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>	4. Twins, triplets or other _____	5. Number, in order of birth _____	6. Premature <u>X</u>	7. Are Parents <u>NO</u>	8. Date of birth <u>Aug. 12,</u> 19 <u>22</u> (Month, day, year)
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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 _____

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

20. Color or race W21. 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 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 work _____25. Date (month and year) last
engaged in this work _____17. 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 _____ weeks
period of gestation _____ 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 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) [Signature], Parent
or _____, GuardianAddress Supt. State Training SchoolFiled 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)