

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

22 049419

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only

County of Richland

STATE OF SOUTH CAROLINA

01163

Township of.....

Bureau of Vital Statistics

State Board of Health

or
Inc. Town of Ballentine

Registration District No. 3 805 Registered No.
(For use of Local Registrar)

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 Cecile Dorothy Meetze

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

3. ## or If Plural { 4. Twin, triplet or other..... 6. Premature..... 7. Are Parents 8. Date of birth October 20, 1922
Girl births { 5. Number, in order of birth..... Full term..... Married? Yes (Month, day, year)

9. Full name **FATHER**
Johnny Wilbur Meetze, Sr.

18. Name before marriage **MOTHER**
Eula See Weed

10. Residence (mailing address)
(If non-resident, give place and State) Ballentine

19. Residence (mailing address)
(If non-resident, give place and State) Ballentine

11. Color or race White 12. Age at child's birth 26 (years)

20. Color or race White 21. Age at child's birth 22 (years)

13. Birthplace (city or place)
(State or country) Richland

22. Birthplace (city or place)
(State or country) Lexington

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

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeping

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 17. Total time (years) spent in this work..... 19.....

25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work..... 19.....

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 3..... (b) Born alive but now dead..... (c) Stillborn.....

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 alive 7 a. 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) Johnny Wilbur Meetze Sr. Parent

or..... Guardian
Address James, South Carolina

Filed 3-31, 19 43 M. B. Woodward, MD.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

3-9-43