

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 Richland

Township of.....

or

Inc. Town of Ballentine

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 Cecile Dorothy Meetze

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

3. ## or
Girl

If Plural
births

4. Twin, triplet or other.....

6. Premature.....

7. Are Parents

8. Date of
birth

October 20, 1922
(Month, day, year)

5. Number, in order of birth.....

Full term.....

Married? yes

9. Full
name

FATHER

Johnny Wilbur Meetze, Sr.

10. Residence (mailing address)

(If non-resident, give place and State) Ballentine

11. Color or race White

12. Age at child's birth 26 (years)

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

Richland

OCCUPATION

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

Farming

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.....

19.....

18. Name before
marriage

MOTHER

Eula See Weed

19. Residence (mailing address)

(If non-resident, give place and State) Ballentine

20. Color or race White

21. Age at child's birth 22 (years)

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

Lexington

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

Housekeeping

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

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 home 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.

Registrar.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3805

FILE No.—For State Registrar Only

01163

Registered No.

(For use of Local Registrar)

Ward