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Standard Certificate of Birth

FILE No.—For State Registrar Only

00507

1. PLACE OF BIRTH

County of Ricland

STATE OF SOUTH CAROLINA

Township of Columbiaor
Inc. Town of _____Registration District No. 38-a
738 7th StreetRegistered No. _____
(For use of Local Registrar)City of Columbia(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 Algie Melvin Vause { If child is not yet named, make supplemental report as directed.3. Boy or Girl Boy If Plural births { 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature Yes Full term _____ 7. Are Parents Yes Married? _____ 8. Date of birth May 21 1922 (Month, day, year)9. Full name Arthur McDonald Vause FATHER 18. Name before marriage Mollie Jones MOTHER10. Residence (mailing address) Columbia, S.C. (If non-resident, give place and State) 19. Residence (mailing address) Columbia, S.C. (If non-resident, give place and State)11. Color or race W 12. Age at child's birth 34 (years) 20. Color or race W 21. Age at child's birth 32 (years)13. Birthplace (city or place) Sumter County (State or country) 22. Birthplace (city or place) Florence County (State or country)

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. _____

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mill Worker 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife16. Date (month and year) last engaged in this work May 21 1922 17. Total time (years) spent in this work 19 25. Date (month and year) last engaged in this work _____ 19____ 26. Total time (years) spent in this work 1627. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 0

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 ALIVE at 10 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.

(Signed) Arthur McDonald Vause, Parent
F. Hall, GuardianGiven name added from _____
a supplementary report _____ (Date of) _____Address R. #3 Box 107-A Timmonsville SC
Filed Aug. 28 1946 Thos. F. Lesesne
Registrar

Registrar

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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)