

6/15/43

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

1. PLACE OF BIRTH

County of Richland

Township of.....

or
Inc. Town of Irmo, S.C.or
City of.....(No. St.; Ward)
(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

Bureau of Vital Statistics

State Board of Health

Registration District No. 3802 Registered No.
(For use of Local Registrar)

FILE No.—For State Registrar Only

01159

2. FULL NAME OF CHILD George Etta Lorick { If child is not yet named, make supplemental report as directed.3. Boy or Girl Girl If Plural births 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? yes 8. Date of birth Nov. 7, 1922
(Month, day, year)9. Full name Ollie Lorick FATHER18. Name before marriage Henrietta Glenn MOTHER10. Residence (mailing address) Irmo, S.C.
(If non-resident, give place and State)19. Residence (mailing address) Irmo, S.C.
(If non-resident, give place and State)11. Color or race Negro 12. Age at child's birth 39 (years)20. Color or race Negro 21. Age at child's birth 37 (years)13. Birthplace (city or place) Irmo, S.C.
(State or country)22. Birthplace (city or place) Irmo, S.C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

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 15 yrs25. Date (month and year) last engaged in this work..... 19..... 26. Total time (years) spent in this work 25 yrs27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 9 (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 born at.....m. on the date above stated.
(Born alive or stillborn)(Signed) Henrietta Lorick, Parent

or....., Guardian

Address.....

Filed 6/15, 1943 M.B. Woodward, M.D.
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.)