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

1. PLACE OF BIRTH

County of Ridgeland
Township of _____
or
Inc. Town of _____
or
City of Columbia S.C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 38-a

FILE No.—For State Registrar Only

00295

Registered No. _____
(For use of Local Registrar)

(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 Julius Richburg, Jr. { If child is not yet named, make supplemental report as directed

3. Boy or Girl _____ If Plural births _____ 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature Full term 7. Are Parents Married? yes 8. Date of birth March 28, 1922
(Month, day, year)

9. Full name FATHER Julius Richburg

18. Name before marriage MOTHER Isabelle Richburg

10. 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 Negro 12. Age at child's birth 22 (years)

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

13. Birthplace (city or place) Ridgerville, S.C.
(State or country)

22. Birthplace (city or place) Ridgerville, S.C.
(State or country)

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

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

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

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, 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. FATHER

{ 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) _____

Registrar.

(Signed) Julius Richburg Parent
or _____ Guardian
Address 1606 Millman St
Filed 10-19, 1946 Thos. P. Lasagne
Registrar.

4th

9-27-46-fc
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.)