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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.)

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. (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. 38-a

FILE No.—For State Registrar Only
00295

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Julius Richburg, Jr. { If child is not yet named, make supplemental report as directed

3. Boy or Girl <u>Male</u>	If Plural births	4. Twins, triplets or other.....	6. Premature Full term <input checked="" type="checkbox"/>	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>March 28</u> , 19 <u>22</u> (Month, day, year)
9. Full name <u>FATHER Julius Richburg</u>			18. Name before marriage <u>MOTHER Isabelle Richburg</u>		
10. Residence (mailing address) <u>Columbia S.C.</u> (If non-resident, give place and State)			19. Residence (mailing address) <u>Columbia S.C.</u> (If non-resident, give place and State)		
11. Color or race <u>Negro</u>		12. Age at child's birth <u>22</u> (years)	20. Color or race <u>Negro</u>		21. Age at child's birth <u>22</u> (years)
13. Birthplace (city or place) <u>Ridgeland, S.C.</u> (State or country)			22. Birthplace (city or place) <u>Ridgeland, S.C.</u> (State or country)		
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>house wife</u>		
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	25. Date (month and year) last engaged 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) _____

Registarr. _____

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

4th