

16 092965

## 1. PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....or  
City of Anderson

(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 HealthRegistration District No. 3-A Registered No. ....

(For use of Local Registrar)

(No. .... St.; ..... Ward)

## 2. FULL NAME OF CHILD

Ralph L Geisberg

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

3. Boy or Girl Boy 4. Twin, triplet or other..... 5. Number, in order of birth 3 6. Premature..... Full term Yes 7. Are Parents Married Yes 8. Date of birth Jan 11 42, 1942 (Month, day, year)9. Full name of FATHER Leo Geisberg Geisberg18. Full maiden name of MOTHER Edith Geisberg10. Residence (mailing address) (If non-resident, give place and State) Anderson, S.C. 11. Color or race White 12. Age at last birthday 43 (Years) 20. Color or face White 21. Age at last birthday 33 (Years)13. Birthplace (city or place) (State or country) Anderson, S.C. 22. Birthplace (city or place) (State or country) New York, N.Y.

OCCUPATION		OCCUPATION	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Salesman</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.	<u>House wife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	<u>None</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	<u>None</u>
16. Date (month and year) last engaged in this work	19.....	25. Date (month and year) last engaged in this work	19.....
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 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

Specify any physical deformities of child at birth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:00 a.m. on the date above stated. (Born alive or stillborn)(When there was no attending physician or midwife, then the father, householder, or child at..... M. on above date etc., should make this return. Del. Bessie Lee (Name of Prophylactic) (Signed) J. B. Geisberg, M.D.

Given name added from a supplementary report..... (Date of) .....

or..... Midwife. Address Anderson, S.C.Filed April 22, 1942 M. B. Woodward, M.D. Registrar.

Registrar.

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.)