

16 092965

1. PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

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

If Plural

4. Twin, triplet or other.....

6. Premature.....

7. Are Parents

8. Date of birth.....

Sept 111916

births

5. Number, in order of birth.....

Full term.....

Married.....

(Month, day, year)

9. Full name

FATHER Leo Geisberg

18. Full maiden name

MOTHER Edith Geisberg

10. Residence (mailing address)

Anderson, S.C.

19. Residence (mailing address)

Anderson, S.C.

11. Color or race.....

12. Age at last birthday.....

20. Color or race.....

21. Age at last birthday.....

13. Birthplace (city or place)

Anderson, S.C.

22. Birthplace (city or place)

New York, N.Y.

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

Salesman

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.....

House wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.....

None

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

None

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)

3

(a) Born alive and now living.....

(b) Born alive but now dead.....

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 m. on the date above stated.(When there was no attending physician or midwife, then the father, householder, child at 9:00 M. on above date etc., should make this return.)(Signed) J. B. Geisberg, M.D.

Given name added from

(Name of Prophylactic)

or..... Midwife.

a supplementary report.....

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

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.)