

7/21/44
No Census
N.B.
int

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 Richland
Township of.....
or
Inc. Town of.....
or
City of Columbia S.C.
(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

00717

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD

Delma Gilbert

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

3. Boy or Girl Girl 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents Married? yes 8. Date of birth Jan. 26, 1922
(Month, day, year)

9. Full name FATHER
Richard B. Gilbert

18. Name before marriage MOTHER
Lula Sullivan

10. Residence (mailing address)
(If non-resident, give place and State) Columbia S.C.

19. Residence (mailing address)
(If non-resident, give place and State) Columbia S.C.

11. Color or race Col. 12. Age at child's birth 37 (years)

20. Color or race Col. 21. Age at child's birth 27 (years)

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

22. Birthplace (city or place)
(State or country) Greenville Co.

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

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

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

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 1922 17. Total time (years) spent in this work 19

25. Date (month and year) last engaged in this work 19 26. Total time (years) spent in this work 19

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 1 (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 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 8:00 P. m. on the date above stated.

{ 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)

(Signed) Delma Gilbert, Parent or..... Guardian Address Box 278, Saluda, N.C. Filed March 23, 1945 L. A. Riser, M.D. Registrar. p

Registrar.