

File: 29676

2/8/47

aih

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.

U. S. Dept. of Commerce Bureau of the Census		Standard Certificate of Birth		FILE No.—For State Registrar Only 00294	
1. PLACE OF BIRTH County of <u>Richland</u> Township of _____ or Inc. Town of _____ or City of <u>Columbia, S. C.</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number)		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>38-A</u>		Registered No. _____ (For use of Local Registrar)	
2. FULL NAME OF CHILD <u>Aline Floyd Barnes</u>		If child is not yet named, make supplemental report as directed.			
3. Boy or Girl <u>Girl</u>	If Plural births {	4. Twins, triplets or other _____	6. Premature _____	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Jan. 28</u> , 19 <u>47</u> (Month, day, year)
9. Full name <u>FATHER Addie F. Barnes</u>		18. Name before marriage <u>MOTHER Mae Woody</u>			
10. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, S.C.</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, S.C.</u>			
11. Color or race <u>White</u>		12. Age at last birthday <u>32</u> (years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) (State or country) <u>Wilson North Carolina</u>		22. Birthplace (city or place) (State or country) <u>Henderson North Carolina</u>		21. Age at last birthday <u>28</u> (years)	
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Construction Worker</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Asphalt Plant</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>		
	16. Date (month and year) last engaged in this work <u>Present</u> , 19____		25. Date (month and year) last engaged in this work _____, 19____		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 <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
28. If stillborn, period of gestation <u>0</u> 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 <u>10:30 a.m.</u> 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) _____					
State Registrar _____					
(Signed) <u>Mae Barnes</u> , Parent or _____, Guardian					
Address <u>816 Turtle St. Sparrow, N.Y.</u>					
Filed <u>April 29</u> , 19 <u>47</u> <u>Har. P. Lesane</u> Local Registrar					