

File: 29676

2/8/47

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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.

U. S. Dept. of Commerce
Bureau of the Census

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only
00294

1. PLACE OF BIRTH
 County of Richland
 Township of.....
 or
 Inc. Town of.....
 or
 City of Columbia, S. C. (No. 1529 Bull St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Aline Floyd Barnes { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl	If Plural births {	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? Yes	8. Date of birth Jan. 28 19 22 (Month, day, year)
9. Full name FATHER Addie F. Barnes		5. Number, in order of birth 1 Full term X		18. Name before marriage MOTHER Mae Woody	
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 White		12. Age at last birthday 32 (years)		20. Color or race White 21. Age at last birthday 28 (years)	
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>		
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.....		17. Total time (years) spent in this work 30		25. Date (month and year) last engaged 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 2 (b) Born alive but now dead 0 (c) Stillborn 0					
28. If stillborn, period of gestation 0 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 10:30 a.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).....

State Registrar

(Signed) Mae Barnes....., Parent

or....., Guardian

Address 816 Turtle St. Sparrow, N.C.

Filed April 29, 1947 Har. P. Lesane

Local Registrar