

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

City of Columbia SC

(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. 38a Registered No.

(For use of Local Registrar)

(No. So. Hugger St. Ward)

2. FULL NAME OF CHILD

Harney Weaner Dickert

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

3. Boy or Girl Boy If Plural births 4. Twins, triplets or other 6. Premature 7. Are Parents 8. Date of birth Aug. 3 19 22
5. Number, in order of birth Full term yes Married? yes (Month, day, year)

9. Full name FATHER
Henry Christine Dickert

18. Name before marriage MOTHER
Ethel Weaner

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

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

11. Color or race White 12. Age at child's birth 29 (years)

20. Color or race White 21. Age at child's birth 32 (years)

13. Birthplace (city or place) Newberry SC
(State or country)

22. Birthplace (city or place) Gettysburg PA
(State or country)

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

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

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

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 17. Total time (years) spent in this work 15

25. Date (month and year) last engaged in this work Oct 13 19 23 26. Total time (years) spent in this work 24

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 none (c) Stillborn none

28. If stillborn, period of gestation 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 1130 7 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)

Registrar.

(Signed) Ethel Weaner Dickert Parent

or....., Guardian

Address 70 St Johns St Gettysburg PA

Filed Oct 16, 19 23 L. A. Riser, M.D.

Registrar.