

10-11-42

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

22 049339

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only

County of Richland

STATE OF SOUTH CAROLINA

01208

Township of.....

Bureau of Vital Statistics
State Board of Health

or
Inc. Town of.....

Registration District No. 38a Registered No.

or
City of Columbia SC

(No. So. Hugo 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

Horney Weaver Dickert

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

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

9. Full name FATHER
Henry Christine Dickert

18. Name before marriage MOTHER
Ethel Weaver

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) (State or country) Newberry SC

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

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

OCCUPATION 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 19..... 17. Total time (years) spent in this work 15

25. Date (month and year) last engaged in this work 19 Oct 13 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.

(Signed) Ethel Weaver Dickert Parent

Given name added from a supplementary report..... (Date of)

or....., Guardian Address 70 Stevens St Gettysburg PA

..... Registrar.

Filed Oct 16, 19 43 L. A. Riser, M.D. 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.)