

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

1. PLACE OF BIRTH

County of... **Richland**

Township of.....

or  
Inc. Town of... **Columbia**

or  
City of... **South Carolina**

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. **38-0**

22 049366

FILE No.—For State Registrar Only

00585

Registered No. ....

(For use of Local Registrar)

City of **South Carolina** **119 Assembly Street** St.; ..... Ward

2. FULL NAME OF CHILD **Oliver Evelyn Thomas**

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

3. Boy or Girl **girl** If Plural births ..... 4. Twins, triplets or other ..... 5. Number, in order of birth ..... 6. Premature ..... 7. Are Parents **Yes** ..... 8. Date of birth **8 3 22** (Month, day, year) 19.....

9. Full name **FATHER**

18. Name before marriage **MOTHER**

10. Residence (mailing address) **Francis Tandy Morris**  
(If non-resident, give place and State).....

19. Residence (mailing address) **Mrs. Alice Smith**  
(If non-resident, give place and State).....

**119 Assembly St., Columbia S. Carolina**

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11. Color or race ..... 12. Age at child's birth **24** (years)

20. Color or race ..... 21. Age at child's birth **24** (years)

13. Birthplace (city or place) **Richland**  
(State or country)

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(State or country)

14. Trade, profession, or particular kind of work done as spinner, sawyer, etc. **Textile mill, South Carolina**

23. Trade, profession, or particular kind of work done as nurse-keeper, typist, nurse, clerk, etc. **Knit goods, Ohio**

15. Industry or business in which work done as silk mill, sawyer, etc. **Textile mill**

24. Industry or business in which work done as town home, lawyer's office, silk mill, etc. **Knit goods**

16. Date (month and year) last engaged in this work ..... 17. Total time (years) spent in this work **2 1/2 later**

25. Date (month and year) last engaged in this work ..... 26. Total time (years) spent in this work **5**

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth **alive** (b) **Before labor** (c) **During labor**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

(Signed) **Mrs. Monaliece Morris**, Parent

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

or....., Guardian

Address.....

Filed **5/15/44**, 19. **L. A. Riser, M.D.** Registrar.

Registrar.

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.)

429-44