

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 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)

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 1922
(Month, day, year)

9. Full name FATHER

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

119 Assembly St., Columbia S. Carolina
11. Color or race 12. Age at child's birth (years)

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

OCCUPATION

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

15. Industry or business in which work done as silk mill, sawmill, etc. household employee

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

18. Name before marriage MOTHER

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

119 Assembly St., Columbia S. Carolina
20. Color or race 21. Age at child's birth (years)

22. Birthplace (city or place) Richland
(State or country)

OCCUPATION

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

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

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 Before labor 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.

Given name added from a supplementary report (Date of)

(Signed) Mrs. Mona Alice Morris, Parent or Guardian Address

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

Registrar.