

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

Standard Certificate of Birth

23 048061

Registrar Only

1. PLACE OF BIRTH
County of SUMTER
Township of PROVIDENCE
or
Inc. Town of OSWEGO RFD
or
City of _____ (No. _____ St.; _____ Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 4105 Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD ELIZABETH BUFORD DuBOSE (If child is not yet named, make supplemental report as directed)

3. Boy or Girl <u>GIRL</u>	4. Twins, triplets or other births <u>#</u>	6. Premature <u>#</u>	7. YES rents <u>YES</u>	8. Date of birth <u>3/25/23</u>
5. Number, in order of birth <u>1</u>		Full term <u>YES</u> Married? <u>yes</u>		19. _____, 19. _____ (Month, day, year)

9. Full name <u>THEODORE BUFORD DuBOSE</u> <u>SCOTT</u>	18. Name before <u>MOTHER</u> <u>DORA COLCLOUGH RICHARDSON</u>
10. Residence (mailing address) (If non-resident, give place and State) <u>OSWEGO. RFD. S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>OSWEGO. S.C. RFD.</u>
11. Color or race <u>WHITE</u>	20. Color or race <u>WHITE</u>
12. Age at last birthday <u>46</u> (years)	21. Age at last birthday <u>44</u> (years)
13. Birthplace (city or place) (State or country) <u>SUMTER. CO. S.C.</u>	22. Birthplace (city or place) (State or country) <u>SUMTER CO. S.C.</u>

<p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____</p> <p>15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>FARMER</u></p> <p>16. Date (month and year) last engaged in this work _____, 19. _____</p>	<p>23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. _____</p> <p>24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>AT * HOME</u></p> <p>25. Date (month and year) last engaged in this work _____, 19. _____</p>
17. Total time (years) spent in this work <u>LIFE</u>	26. Total time (years) spent in this work <u>LIFE</u>

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 6 (c) Stillborn #

28. If stillborn, (months) (days) (hours) (minutes) (seconds) # 29. Cause of stillbirth # (Before labor) (During labor) #

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 2.45 at A m. on the date above stated.
(Born alive or stillborn) #

I certify that I instilled or had instilled in the eyes of this child at 2.50 am. on above date ARGYROL
(Name of Prophylactic)

Cleft Palate ## Hare Lip ## Other Deformities ## (Specify) Carson

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

(Signed) E. M. Carson, M. D.
or REMBERT. SC. RFD, Midwife

Given name added from _____
(Date of) _____

Address _____
Filed Sep 2, 19. 44 L.A. River, M.D.
Local Registrar

State Registrar

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