

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

1. PLACE OF BIRTH

SUMTER
County of.....
PROVIDENCE

Township of.....
or
Inc. Town of..... *OSWEGO R7W*

City of.....
(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. *4105* Registered No.
(For use of Local Registrar)

23 048061

Registrar Only

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

3. Boy or Girl *F* If Plural Births *1* 4. Twins, triplets or other births *0* 5. Number, in order of birth *1* 6. Premature *0* Full term *YES* 7. *YES* rents Married? *Yes* 8. Date of birth *3/25/23*, 19.....
(Month, day, year)

9. Full name THEODORE ~~ASBURY~~ DuBOSE
SCOTT

18. Name before MOTHER
DORA COLCLOUGH RICHARDSON

10. Residence (mailing address) *OSWEGO. RFD. S.C.*
(If non-resident, give place and State)

19. Residence (mailing address) *OSWEGO. S.C. RFD.*
(If non-resident, give place and State)

11. Color or race *WHITE* 12. Age at last birthday *46* (years)

20. Color or race *WHITE* 21. Age at last birthday *44* (years)

13. Birthplace (city or place) *SUMTER. CO. S.C.*
(State or country)

22. Birthplace (city or place) *SUMTER CO. S.C.*
(State or country)

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

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

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. *AT * HOME*

16. Date (month and year) last engaged in this work

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

17. Total time (years) spent in this work *FIVE*

26. Total time (years) spent in this work *LIFE*

27. Number of children of this mother (At time of birth and including this child) *7* (a) Born alive and now living *6* (b) Born alive but now dead *1* (c) Stillborn *0*

28. If stillborn, period of gestation *9 months* 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)

{ 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. S.C. RFD.*, Midwife

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

Address.....

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

State Registrar

P

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.)