

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

22 049487

1. PLACE OF BIRTH
 County of Richland
 Township of Columbia
 or
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. 38-D

FILE No.—For State Registrar Only
02306

Registered No. _____
 (For use of Local Registrar)
Home Ward
 (If child is not yet named, make supplemental report as directed.)
 2. FULL NAME OF CHILD Mitchel Robert Dentley

3. Boy or Girl Boy If Plural Births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth, _____
 6. Premature _____ 7. Are Parents Married? Yes 8. Date of Birth Sept 27 1922
 (Month, day, year)

9. Full name Chester Dentley FATHER

18. Name before marriage Milchereena Williams MOTHER

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 Black 12. Age at last birthday 24 (years)

20. Color or race Black 21. Age at last birthday 20 (years)

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

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

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 was done, as silk mill, sawmill, bank, etc. _____

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 _____ 17. Total time (years) _____
 _____, 19____ spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) _____
 _____, 19____ spent in this work _____

27. Number of children of this mother (At time of birth and including this child) 2 (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 _____
 Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date _____
 (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) Mary J. J. J. Midwife

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

Address R. 4 Box 36 Columbia S.C.

 State Registrar

Filed May 15, 1942 M. B. Woodward, M.D.
 State Registrar