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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.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate)

## 1. PLACE OF BIRTH

County of Washington  
Township of Nape  
or  
Inc. Town of Greelyville  
or  
City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4301

FILE No.—For State Registrar Only

1973

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Ernest Manton Vining (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 \_\_\_\_\_ Full term yes 7. Are Parents Married? yes 8. Date of birth Feb 21 19 72  
(Month, day, year)

9. Full name FATHER  
Thomas Manton Vining

18. Name before marriage MOTHER  
Pauline Mayhew

10. Residence (mailing address)  
(If non-resident, give place and State) West Columbia

19. Residence (mailing address)  
(If non-resident, give place and State) West Columbia

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

20. Color or race white 21. Age at child's birth 29 (years)

13. Birthplace (city or place)  
(State or country) Blakely S.C.  
Marlboro Ca

22. Birthplace (city or place)  
(State or country) Williamburg  
Greelyville S.C.

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

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 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 continued 19 \_\_\_\_\_

25. Date (month and year) last engaged in this work continued 19 \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead none (c) Stillborn none

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 to the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

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

(Signed) Thomas Manton Vining

Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_, Guardian

Address West Columbia

Filed 7/29/40 19 Marion B. Woodward  
Registrar C. B. D.

Registrar.