

23 046585

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)

## 1. PLACE OF BIRTH

County of Greenwood

Township of .....

or  
Inc. Town of .....City of Greenwood

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 23 A Registered No. 106

(For use of Local Registrar)

F

Only

2227

## 2. FULL NAME OF CHILD

Earle Eugene Stockman Jr (No. .... St.; .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... 7. Are Parents' Full term yes Married yes 8. Date of birth Jan 23, 19 23 (Month, day, year)

9. Full name Earle Eugene Stockman FATHER 18. Name before marriage Lelia Thelma Burnett MOTHER

10. Residence (mailing address) Greenwood SC 19. Residence (mailing address) Greenwood SC (If non-resident, give place and State)

11. Color or race white 12. Age at last birthday 25 (Years) 20. Color or race white 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) Greenwood Co. SC 22. Birthplace (city or place) Greenwood Co. SC (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Oil Company 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) spent in this work 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work

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

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 born alive at 11 P.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) J. L. Ward, M.D.

or..... Midwife.

Address Greenwood SC

Filed June 28, 19 39 Mrs. A. Middleton Registrar.

Registrar.