

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.....  
 or  
 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

If Plural births

4. Twin, triplet or other.....

6. Premature.....

7. Are Parents' Married: yes

8. Date of birth.....

Jan 23, 1923  
(Month, day, year)

9. Full name

Earle Eugene Stockman

FATHER

18. Name before marriage

MOTHER

Lola Helma Burnett

10. Residence (mailing address)

Greenwood S.C.

(If non-resident, give place and State)

19. Residence (mailing address)

Greenwood S.C.

(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. S.C.

(State or country)

22. Birthplace (city or place)

Greenwood Co. S.C.

(State or country)

OCCUPATION

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

Salesman

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

Oil Company

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

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

19.....

OCCUPATION

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

Domestic

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

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

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

19.....

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.

Given name added from

a supplementary report..... (Date of)

Address Greenwood S.C.Filed June 28, 1939 Mrs. A. Middleton

Registrar.

Registrar.