

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.)

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1-21-52
CW

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

1. PLACE OF BIRTH
County of Darlington STATE OF SOUTH CAROLINA
Township of _____
or
Inc. Town of _____
or
City of Darlington, S.C. (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same and of street and number)

2. FULL NAME OF CHILD Eugene Vedder Thatcher (If child is not yet named, make supplemental report as directed)

3. Boy or Girl <u>Boy</u>	4. Twins, triplets or other..... 5. Number, in order of birth.....	6. Premature Full term <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of <u>November 1st</u> birth 19 <u>16</u> (Month, day, year)
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9. Full name <u>Eugene Vedder Thatcher</u>	18. Name before marriage <u>Norma Davis</u>
10. Residence (mailing address) (If non-resident, give place and State) <u>Darlington, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Darlington, S.C.</u>
11. Color or race <u>White</u>	20. Color or race <u>White</u>
12. Age at last birthday <u>2.5</u> (years)	21. Age at last birthday <u>2.4</u> (years)
13. Birthplace (city or place) (State or country) <u>Charleston, S.C.</u>	22. Birthplace (city or place) (State or country) <u>Seivern, S.C.</u>

14. Trade, profession or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>Cotton Buyer</u>	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. <u>Office</u>	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	25. Date (month and year) last engaged in this work
17. Total time (years) spent 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. one (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 to the birth of this child, who was born at 10 o'clock A.m., on the date above stated.

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

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

Registrar.

(Signed Norma Davis Thatcher, Parent
or _____, Guardian
Address 22 S. W. 5th Charleston, S.C.
Filed 3-17, 1952 Thos. P. Lescage
Registrar. ike