

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

1. PLACE OF BIRTH

County of Richland

Township of.....

or
Inc. Town of.....

or
City of Colo

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38 a Registered No.

(For use of Local Registrar)

(No. 1700 Colman 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

Agnes Ruth Atkinson (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..... 7. Are Parents Married? yes 8. Date of birth 7/10 1922 (Month, day, year)

9. Full name of FATHER John Albert Atkinson

18. Name before marriage Robbie Smith MOTHER Robbie Smith

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

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

11. Color or race C 12. Age at last birthday 76 (years)

20. Color or race C 21. Age at last birthday 25 (years)

13. Birthplace (city or place) Columbia, S.C. (State or country)

22. Birthplace (city or place) Columbia, S.C. (State or country)

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

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. None

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..... 19.....

25. Date (month and year) last engaged in this work..... 19..... 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..... (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 alive at 8 P m. on the date above stated. (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 8:30 P m. on above date. argyrol (Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities..... (Specify)

(Signed) B. A. Edwards, M. D.

or..... Midwife

Address Columbia

Filed Aug 17, 1923 L. A. Roberts Local Registrar Spe

State Registrar

22 049340

FILE No.—For State Registrar Only
01209

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.)