

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.)

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38

22 049340

FILE No.—For State Registrar Only

01209

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

2. FULL NAME OF CHILD

Agnes Ruth Atkinson  
3. Boy or Girl Girl 4. Twins, triplets or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth 7/10, 1922  
(Month, day, year)

9. Full name of FATHER John Albert Atkinson

10. 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)

13. 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

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

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

18. Name before marriage MOTHER Robbie Smith

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

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

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

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

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 \_\_\_\_\_

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 0 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months weeks 29. Cause of stillbirth \_\_\_\_\_

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. Everett, M. D.  
or \_\_\_\_\_ Midwife

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

Address Columbia  
Filed Aug 17, 1923 L. A. R. Davis  
Local Registrar J. P. E.

State Registrar