

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 Richland
Township of Hopkins
or
Inc. Town of _____
or
City of _____
(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. 3803 Registered No. _____
(For use of Local Registrar)

(No. _____ St.; _____ Ward)

2. FULL NAME OF CHILD Edward Acrie Jr { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural Births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Married? Yes 8. Date of birth June 30 1922
(Month, day, year)

9. Full name Edward Acrie FATHER 18. Name before marriage Mary Jane Randolph MOTHER
10. Residence (mailing address) Hopkins 19. Residence (mailing address) Hopkins
(If non-resident, give place and State)

11. Color or race Colored Age at child's birth 32 (years) 20. Color or race Colored Age at child's birth 22 (years)

13. Birthplace (city or place) Georgia 22. Birthplace (city or place) S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Sawmill 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) 2 (a) Born alive and now living 2 (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 8:30 A.m. on the date above stated.

(Signed) Mary Jane Randolph Acrie Parent

or _____ Guardian

Address 547 Chambers Ave. Jeanette Pa.

Filed Aug 26, 1922 M. J. A. Charleston Registrar

Registrar.