

2/27/42

22 049396

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 (No. St.; Ward)
(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

FILE No. For State Registrar Only
04947

Registered No.
(For use of Local Registrar)

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) (If non-resident, give place and State) Hopkins

18. Residence (mailing address) (If non-resident, give place and State) Hopkins

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) (State or country) Georgia

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

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

OCCUPATION 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 19.....

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) 2 (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 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. Clark Registrar

Registrar.