

## 1. PLACE OF BIRTH

County of \_\_\_\_\_  
 Township of \_\_\_\_\_  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2002

FILE No.—For State Registrar Only

15465-aRegistered No. 33  
 (For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 2. FULL NAME OF CHILD

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl Male 4. Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth March 6 1922  
 8. (Month, day, year)

9. Full name FATHER 18. Full maiden name MOTHER  
Lula Dunn

10. Residence (usual place of abode) Lula Dunn 19. Residence (usual place of abode) Lula Dunn  
 (If non-resident, give place and State)

11. Color or race \_\_\_\_\_ 12. Age at last birthday 30 (Years) 20. Color or race \_\_\_\_\_ 21. Age at last birthday 29 (Years)

13. Birthplace (city or place) \_\_\_\_\_ 22. Birthplace (city or place) \_\_\_\_\_  
 (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 housekeeper, typist, nurse, clerk, etc. Now Dead

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer 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 this birth and including this child) 4 (a) Born alive and now living 4 (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 12 noon m. on the date above stated.  
 (Born alive or stillborn)

(Signed) Martha Gracey, M. D.  
 or \_\_\_\_\_, Midwife

Address 8/10 1933 Barfield  
 Filed \_\_\_\_\_

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

Give name added from a supplemental report \_\_\_\_\_

(Date of)

Registrar.