

16 093607

1. PLACE OF BIRTH

County of Florence
 Township of Florence
 or
 Inc. Town of _____
 or
 City of Florence, S.C.

(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

FILE No.—For State Registrar Only

00217

Registration District No. 2005 Registered No. 7
 (For use of Local Registrar)

(No. _____ St. _____ Ward _____)

2. FULL NAME OF CHILD Elizabeth Samuel { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twin, triplet or other.....	6. Premature.....	7. Are Parents Married <u>Yes</u>	8. Date of birth <u>Oct. 26</u> 19 <u>16</u> (Month, day, year)
		5. Number, in order of birth.....	Full term <u>Yes</u>		

9. Full name <u>Walter Samuel</u> FATHER	18. Name before marriage <u>Bessie Brown</u> MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Florence, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Florence</u>
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11. Color or race <u>col.</u>	12. Age at child's birth <u>32</u> (years)	20. Color or race <u>col.</u>	21. Age at child's birth <u>28</u> (years)
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13. Birthplace (city or place) (State or country) <u>Florence, S.C.</u>	22. Birthplace (city or place) (State or country) <u>Florence, S.C.</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was 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 <u>October 26, 19 16</u>		25. Date (month and year) last engaged in this work <u>Oct 19 16</u>
	17. Total time (years) spent in this work <u>12</u>		26. Total time (years) spent in this work <u>2</u>

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ weeks	29. Cause of stillbirth _____	Before labor _____	During labor _____
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 7:00 A. m. on the date above stated.
(Born alive or stillborn)

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

(Signed) Bessie Samuel ParentGiven name added from _____
a supplementary report _____
(Date of) _____

or _____, Guardian

Address Florence, S.C.Filed March 23, 19 43Myrtle Ward
Registrar.

Registrar.

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.

10-22-43

Not Reg.