

16 093607

## 1. PLACE OF BIRTH

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

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

2. FULL NAME OF CHILD Elizabeth Samuel

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

3. Boy or Girl Girl If Plural births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents \_\_\_\_\_ 8. Date of birth Oct. 26 1916  
 5. Number, in order of birth \_\_\_\_\_ Full term yes Married yes (Month, day, year)

9. Full name Walter Samuel FATHER

18. Name before marriage Bessie Brown MOTHER

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

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

11. Color or race col. 12. Age at child's birth 32 (years)

20. Color or race col. 21. Age at child's birth 28 (years)

13. Birthplace (city or place)  
 (State or country) Florence, S.C.

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

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

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as jilk 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 October 26, 1916

17. Total time (years) spent in this work 12

25. Date (month and year) last engaged in this work Oct 1916

26. Total time (years) spent in this work 2

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 \_\_\_\_\_

## 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 Parent

Given name added from \_\_\_\_\_

a supplementary report \_\_\_\_\_

(Date of) \_\_\_\_\_

or \_\_\_\_\_, Guardian

Address Florence, S.C.

Filed March 23, 1916

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.