

DELAYED

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Standard Certificate of Birth

FILE No.—For State Registrar Only
02299

1. PLACE OF BIRTH
County of Richland
Township of _____
or
Inc. Town of _____
or
City of Columbia
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
State of SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 38-A Registered No. _____
(For use of Local Registrar)
No. 1813 Laurel St. St.; _____ Ward)
(If child is not yet named, make supplemental report as directed.)

2. FULL NAME OF CHILD William Davis Thrower

3. Boy or Girl Boy 4. Twins, triplets or other births _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Are Parents Married? Yes 8. Date of birth April 10, 1922
(Month, day, year)

9. Full name Jesse Thrower FATHER 18. Name before marriage Katie Lee Stevenson MOTHER
10. Residence (mailing address) Columbia, S. C. 19. Residence (mailing address) Columbia, S. C.
(If non-resident, give place and State)

11. Color or race C. 12. Age at child's birth 27 (years) 20. Color or race C. 21. Age at child's birth 22 (years)
13. Birthplace (city or place) Lancaster, S. C. 22. Birthplace (city or place) Newberry Co.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Office Girl
15. Industry or business in which work 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. For Doctor
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 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 born alive at _____ 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) Jesse Thrower, Parent
or _____, Guardian

Given name added from a supplementary report _____ (Date of) _____

Address _____
Filed Mo. 3, 1941 M. B. Woodward, M. D.
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)

1754
see next
frame
date of death 11.25.92
Wayne County, Michigan no date