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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.

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Aiken

Township of

or
Inc. Town ofor
City of Clearwater

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 213 Registered No.
(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 Lois Messette Cushman { If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Girl</u>	If Plural births {	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Jan. 13</u> , 19 <u>49</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>Sibley L. Cushman</u>				18. Name before marriage <u>MOTHER</u> <u>Donie Elizabeth Richardson</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Clearwater, S. C.</u>				19. Residence (mailing address) (If non-resident, give place and State) <u>Clearwater, S. C.</u>		
11. Color or race <u>W</u>	12. Age at last birthday <u>17</u> (years)		20. Color or race <u>W</u>		21. Age at last birthday <u>32</u> (years)	
13. Birthplace (city or place) <u>Aiken, S. C.</u> (State or country)				22. Birthplace (city or place) <u>Saluda, S. C.</u> (State or country)		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plumber</u>				23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Textile</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Seminole Mills</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Graniteville Co.</u>		
16. Date (month and year) last engaged in this work <u>Jan. 49</u> , 19 <u>49</u>		17. Total time (years) spent in this work <u>26</u>		25. Date (month and year) last engaged in this work <u>Aug.</u> , 19 <u>23</u>		26. Total time (years) spent in this work <u>6</u>

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 028. 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.....m. on the date above stated.

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.Given name added from
a supplementary report.....
(Date of)

State Registrar

(Signed) Donnie R. Cushman....., Parent

or....., Guardian

Address 218 Main St.; Graniteville, S. C.Filed 2-18, 1949 Thos. P. Lesse
Local Registrar

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