

2/3/49

16 092931

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		Standard Certificate of Birth		FILE No.—For State Registrar Only 05562	
1. PLACE OF BIRTH		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health			
County of <u>Aiken</u>		Registration District No. <u>213</u>		Registered No. _____ (For use of Local Registrar)	
Township of _____ or Inc. Town of _____ or City of <u>Clearwater</u>		(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 <u>Lois Messette Cushman</u>		} 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>
9. Full name <u>FATHER</u> <u>Sibley I. 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)			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plumber</u>	OCCUPATION	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 75</u> , 19 <u>46</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>20</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 <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
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 at _____ m. on the date above stated.					
} When there was no attending physician } or midwife, then the father, householder, } etc., should make this return.			(Signed) <u>Donnie R. Cushman</u> , Parent		
Given name added from _____ a supplementary report _____ (Date of) _____			or _____, Guardian		
_____ State Registrar			Address <u>218 Main St.; Graniteville, S. C.</u>		
			Filed <u>2-18</u> , 19 <u>49</u> <u>Thos. P. Lasse</u> Local Registrar		
			aih		