

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)

1. PLACE OF BIRTH

County of Richland
Township of _____
or
Inc. Town of _____
or
City of Columbia

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE NO.

22 049488

Registration District No. 38-A Registered No. _____
(For use of Local Registrar)
(No. Russell St. _____ Ward _____)

2. FULL NAME OF CHILD

Albert Russell Dennis

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

3. Boy or Girl Boy 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Preterm Full term yes 7. Are Parents Married? yes 8. Date of birth November 26, 1922 (Month, day, year)

9. Full name FATHER John Wesley Dennis

18. Name before marriage MOTHER Daisy S. Thomas

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

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

11. Color or race white 12. Age at last birthday 53 (years)

20. Color or race W 21. Age at last birthday 59 (years)

13. Birthplace (city or place) Richland County (State or country)

22. Birthplace (city or place) Richland County (State or country)

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

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 silk mill, sawmill, bank, etc. Farming

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work Oct 26, 1922

25. Date (month and year) last engaged in this work Still farming 41

17. Total time (years) spent in this work _____ 26. Total time (years) spent in this work 39

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation 8m months weeks _____ 29. Cause of stillbirth do not know Before labor before During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 12 m. on the date above stated. (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 1 M. on above date Nov 26 1922 (Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities none

(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) _____

(Signed) Josephine Woodson (Specify) Josephine Woodson

or _____ Midwife

Address 4322 Washington St.

Filed June 26, 1941 M. B. Woodward, M.D.

Registrar.

Registrar.