

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 **Standard Certificate of Birth**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 Township of \_\_\_\_\_  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of Columbia (No. Russell St.; \_\_\_\_\_ Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FILE NO.

22 049488

Registration District No. 38-A Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

**2. FULL NAME OF CHILD** Albert Russell Dennis { If child is not yet named, make supplemental report as directed.

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

9. Full name John Wesley Dennis **FATHER** 18. Name before marriage Wesley S. Thomas **MOTHER**

10. Residence (mailing address) Columbia 19. Residence (mailing address) Columbia  
 (If non-resident, give place and State) (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 22. Birthplace (city or place) Richland County  
 (State or country) (State or country)

**OCCUPATION** 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer **OCCUPATION** 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 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year last) engaged in this work Still having 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 1:20 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 1:20 M. on above date Nov 26, 1922 (Name of Prophylactic)

Cleft Palate \_\_\_\_\_ Hare Lip \_\_\_\_\_ Other Deformities none (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Josephine Woodson (Specify) Josephine Woodson

Given name added from \_\_\_\_\_ or \_\_\_\_\_, Midwife

Address 4222 Washington St.

a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

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

Registrar \_\_\_\_\_ Registrar \_\_\_\_\_