

22 049500

Standard Certificate of Birth

FILE No.—For State Registrar Only
02319

1. PLACE OF BIRTH

County of Richland STATE OF SOUTH CAROLINATownship of Richley (Liberation)or
Inc. Town ofRegistration District No. 3805 Registered No.
(For use of Local Registrar)City of (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 Fred Eugene Turnipseed Jr. { If child is not yet named, make supplemental report as directed.3. Boy or Girl If Plural Births 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term Yes 7. Are Parents Married? Yes 8. Date of birth Sept 21 1922
(Month, day, year)9. Full name FATHER Fred Eugene Turnipseed 18. Name before marriage MOTHER Elena Duvalle Derrick10. Residence (mailing address) (If non-resident, give place and State) 2829 Duane St. 19. Residence (mailing address) (If non-resident, give place and State) 2829 Duane St.11. Color or race White 12. Age at child's birth 25 (years) 20. Color or race White 21. Age at child's birth 21 (years)13. Birthplace (city or place) (State or country) Bookman S.C. 22. Birthplace (city or place) (State or country) Durham S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Stenographer15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. S. Ry. Co. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Lawyer's Office16. Date (month and year) last engaged in this work 1921 17. Total time (years) spent in this work 9 1/2 25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work 1 1/227. 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..... (c) Stillborn.....

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 12:30 P.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.

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

(Signed) Mrs. F. E. Turnipseed, Parent
or..... GuardianAddress 2829 Duane St. Columbia S.C.Filed 2/23/42, 19 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.)