

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.)

22 049500

Standard Certificate of Birth

FILE No.—For State Registrar Only

02319

1. PLACE OF BIRTH

County of Richland

STATE OF SOUTH CAROLINA

Township of Richley (Liberation)

or
Inc. Town of

Registration District No. 3805

Registered No. (For use of Local Registrar)

or
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. Premature

6. Are Parents

7. Date of birth

Sept 21 1922

5. Number, in order of birth

Full term

Married?

(Month, day, year)

9. Full name

FATHER

Fred Eugene Turnipseed

18. Name before marriage

MOTHER

Elena Druella Derrick

10. Residence (mailing address)

(If non-resident, give place and State) 2829 Duncan St.

19. Residence (mailing address)

(If non-resident, give place and State) 2829 Duncan 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)

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.

Stenographer

15. 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 Office

16. 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

17 1/2

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 (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 Guardian

Address 2829 Duncan St., Columbia S.C.

Filed 2/23/42, 19 M. B. Woodward, M.D.

Registrar.

Registrar.