

8/7/43

No Corres.
PaidU. S. Dept. of Commerce
Bureau of the Census

22 049411

1. PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Richtex, S. C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-1

FILE No.—For State Registrar Only

01155

Registered No.
(For use of Local Registrar)(No. St.;
(If birth occurs in a hospital or other institution, give name of same instead of street and number) Ward)

2. FULL NAME OF CHILD

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

3. Boy or Girl

BoyIf Plural
births

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of

Nov. 519 22

5. Number, in order of birth

Full term

Married? Yes

(Month, day, year)

9. Full
name

FATHER

Kennedy Geter18. Name before
marriage

MOTHER

Ella Guider

10. Residence (mailing address)

(If non-resident, give place and State) Richtex, S. C.

19. Residence (mailing address)

(If non-resident, give place and State) Richtex, S. C.11. Color or race Col.12. Age at child's birth 22 (years)20. Color or race Col.21. Age at child's birth 28 (years)13. Birthplace (city or place)
(State or country)Richland County22. Birthplace (city or place)
(State or country)Richland County14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Domestic15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work27. Number of children of this mother
(At time of birth and including this child)(a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 028. If stillborn,
period of gestationmonths
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.
(Born alive or stillborn)(Signed) Ella Guider

Parent

or

Guardian

Address Richtex, S. C.Filed Aug. 9, 19 43L. A. Riser, 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.)