

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 of.....

or

City of Richtex, S. C.(No..... St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-1 Registered No.

(For use of Local Registrar)

FILE No.—For State Registrar Only

01155

2. FULL NAME OF CHILD

Nathan Geter{ If child is not yet named, make
supplemental report as directed.3. Boy or Girl Boy If Plural births 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? Yes 8. Date of birth Nov. 5 19 22 (Month, day, year)9. Full name FATHER
Kennedy Geter18. Name before marriage MOTHER
Ella Guider10. 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 CountyOCCUPATION 14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. FarmerOCCUPATION 23. 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 work 17. Total time (years)
spent in this work..... 19.....25. Date (month and year) last
engaged in this work 26. Total time (years)
spent in this work..... 19.....27. 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 0

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 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 43 L. 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.)