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1. PLACE OF BIRTH

County of Richland
 Township of Oclase
 or
 Inc. Town of
 or
 City of Columbia

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-A Registered No.

(For use of Local Registrar)

FILE No.—For State Registrar Only

1868

(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 Charles Isaac Chamuel If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births 4. Twins, triplets or other 6. Premature 7. Are Parents 8. Date of birth July 9, 1922
 5. Number, in order of birth Full term X Married? yes (Month, day, year)

9. Full name Isaac Chamuel FATHER18. Name before marriage Thomasina Robinson MOTHER10. Residence (mailing address) (If non-resident, give place and State) 1704 Kirkland Ave.19. Residence (mailing address) (If non-resident, give place and State) 1704 Kirkland Ave.11. Color or race neg. 12. Age at child's birth 22 (years)20. Color or race 21. Age at child's birth 18 (years)13. Birthplace (city or place) (State or country) Columbia S.C.22. Birthplace (city or place) (State or country) Elberton S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. none15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Working for City24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home16. Date (month and year last) engaged in this work April, 1923

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work May, 1924

26. Total time (years) spent in this work

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 5 o'clock 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.)

(Signed) Mrs. Thomasina Robinson Chamuel, Parent

Given name added from a supplementary report (Date of)

or Chamuel GuardianAddress 1704 Kirkland Ave.Filed Dec. 4, 1940 M. B. Woodward M.D.

Registrar.

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)