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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.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate)

1. PLACE OF BIRTH				Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Richland</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		1868	
Township of <u>Oclase</u>		State Board of Health		Registration District No. <u>38-A</u>		Registered No. ....	
or Inc. Town of .....		(No. .... St.; ... Ward)		Registered No. ....		(For use of Local Registrar)	
City of <u>Columbia</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		If child is not yet named, make supplemental report as directed.			
2. FULL NAME OF CHILD <u>Charles Isaac Chamuel</u>							
3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents	8. Date of birth <u>July 9</u> , 19 <u>22</u>		
5. Number, in order of birth.....		Full term <u>X</u>		Married? <u>yes</u>	(Month, day, year)		
9. Full name <u>Isaac Chamuel</u> FATHER				18. Name before marriage <u>Thomasina Robinson</u> MOTHER			
10. Residence (mailing address) (If non-resident, give place and State) <u>1704 Kirkland Ave.</u>				19. Residence (mailing address) (If non-resident, give place and State) <u>1704 Kirkland Ave.</u>			
11. Color or race <u>negro</u>		12. Age at child's birth <u>22</u> (years)		20. Color or race.....		21. Age at child's birth <u>18</u> (years)	
13. Birthplace (city or place) <u>Columbia S.C.</u> (State or country)				22. Birthplace (city or place) <u>Elberton S.C.</u> (State or country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Labor</u>				23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>none</u>			
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Working for City</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>			
16. Date (month and year last) engaged in this work <u>April</u> , 19 <u>23</u>		17. Total time (years) spent in this work.....		25. Date (month and year) last engaged in this work <u>May</u> , 19 <u>24</u>		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 <u>2</u> (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 <u>Born alive</u> at <u>5 o'clock p.m.</u> 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) <u>Mrs. Thomasina Robinson Chamuel</u> , Parent			
Given name added from a supplementary report..... (Date of) .....				or <u>Chamuel</u> Guardian			
				Address <u>1704 Kirkland Ave.</u>			
				Filed <u>Dec. 4</u> , 19 <u>40</u> <u>M. B. Woodward M.D.</u> Registrar.			