

8/9/43

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.)

U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of Richland  
Township of \_\_\_\_\_  
or  
Inc. Town of Blythewood  
or  
City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3800 Registered No. \_\_\_\_\_  
(For use of Local Registrar)

22 049347

FILE No.—For State Registrar Only  
**01216**

2. FULL NAME OF CHILD Leroy David Milligan

{ 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 yes Married? \_\_\_\_\_ 8. Date of birth Nov 14 19 22  
(Month, day, year)

9. Full name David Milligan FATHER

18. Name before marriage Rosa Bell Jacobs MOTHER

10. Residence (mailing address) Blythewood, S.C.  
(If non-resident, give place and State)

19. Residence (mailing address) Blythewood, S.C.  
(If non-resident, give place and State)

11. Color or race Negro 20. Age at child's birth 38 (years)

21. Color or race Negro 22. Age at child's birth 23 (years)

13. Birthplace (city or place) Richland Co.  
(State or country)

22. Birthplace (city or place) Blythewood, S.C.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction Farm

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Laundress

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Setter

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 \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 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 \_\_\_\_\_ (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 at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

X (Signed) Leroy David Milligan, Parent  
or \_\_\_\_\_, Guardian  
Address 605 West Hill St. Charlotte, N.C.  
Filed Aug 16, 19 43 L. A. Riser, M.D.  
Registrar