

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

1. PLACE OF BIRTH

County of.....Aiken

Township of.....

or

Inc. Town of.....Vaucluse

or

City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 204

16 092881

FILE No.—For State Registrar Only

00157

Registered No.
(For use of Local Registrar)

(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

Mattie Wise

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

3. Boy or Girl

Girl

If Plural births

4. Twin, triplet or other.....

6. Premature.....

7. Are Parents

Yes

8. Date of birth

Aug. 12, 1916

5. Number, in order of birth.....

Full term.....X

Married?.....

(Month, day, year)

9. Full name

FATHER

John Wise

Vaucluse, S.C.

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

Negro

47

11. Color or race.....

12. Age at child's birth.....(years)

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

Aiken Co. S.C.

OCCUPATION

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

Stationery Fireman

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

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

OCCUPATION

18. Name before marriage

MOTHER

Annie Bell Davenport

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

Vaucluse, S.C.

Negro

29

20. Color or race.....

21. Age at child's birth.....(years)

22. Birthplace (city or place)
(State or country)

Saluda County S.C.

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

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

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.....2 (b) Born alive but now dead.....0 (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.....8:00 A.m. on the date above stated.
(Born alive or stillborn)

(Signed)

John Wise

Parent

or.....

Guardian

Address.....

Vaucluse, S.C.

Filed.....

Aug 16

19 43

L. A. Riser, M.D.

Registrar.