

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

16 092881

1. PLACE OF BIRTH

County of..... Aiken

Township of.....

or  
Inc. Town of..... Vaocluse

City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 204

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.....  
5. Number, in order of birth.....  
6. Premature..... Full term.....  
7. Are Parents Married? Yes  No   
8. Date of birth Aug 12, 1916  
(Month, Day, year)

9. Full name FATHER  
John Wise

18. Name before marriage MOTHER  
Annie Bell Davenport

10. Residence (mailing address) Vaocluse, S.C.  
(If non-resident, give place and State)  
Negro 47

19. Residence (mailing address) Vaocluse, S.C.  
(If non-resident, give place and State)  
Negro 29

11. Color or race..... 12. Age at child's birth..... (years)

20. Color or race..... 21. Age at child's birth..... (years)

13. Birthplace (city or place) Aiken Co., S.C.  
(State or country)

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

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

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

15. 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 19.....  
17. Total time (years) spent in this work.....

25. Date (month and year) last engaged in this work 19.....  
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..... 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 8:00 A.m. on the date above stated.  
(Born alive or stillborn)

(Signed) John Wise, Parent  
or....., Guardian  
Address Vaocluse, S.C.  
Filed Aug 16, 1916 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.)

504

8-4-17