

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)

1. PLACE OF BIRTH
County of Aiken
Township of Hopewell
or
Inc. Town of.....
or
City of.....
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only
16 092863
03834

Registration District No. 206 Registered No. 5
(For use of Local Registrar)

(No. St.; Ward)

2. FULL NAME OF CHILD James Waldo
(If child is not yet named, make supplemental report as directed.)

3. Sex or Girl <u>Girl</u>	If Plural births	4. Twin, triplet or other.....	6. Premature.....	7. Are Parents Married <u>yes</u>	8. Date of birth <u>June 16</u> , 19 <u>16</u> (Month, day, year)
9. Full name <u>John</u>	FATHER <u>Waldo</u>	5. Number, in order of birth.....	Full term.....	18. Name before marriage <u>Julia</u>	MOTHER <u>Frozier</u>
10. Residence (mailing address) (If non-resident, give place and State) <u>Bolley</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Bolley</u>	11. Color or race <u>Col</u>	12. Age at last birthday <u>23</u> (Years)	20. Color or race <u>Col</u>	21. Age at last birthday <u>19</u> (Years)
13. Birthplace (city or place) (State or country) <u>Aiken</u>	22. Birthplace (city or place) (State or country) <u>Aiken</u>	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm</u>	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	23. Trade, profession, or particular kind of work done, as house- keeper, typist, nurse, clerk, etc. <u>Home</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Wife</u>
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) 3 (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn.....

28. If stillborn, months weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Aline at 3.5 m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at M. on above date.....
(Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities.....
(Specify)

(When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.)

Given name added from
a supplementary report.....
(Date of)

(Signed) Martha Frozier, M.D.

or..... Midwife.

Address Bolley

Filed Oct 27, 1916 J. H. Walcott

Registrar.

Registrar.