

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..... (No. St.; Ward)
 (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)

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

3. Sex 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 8. Date of birth June 16 1916
 (Month, day, year)

9. Full name John Waldo FATHER 18. Name before marriage Julia Frozer MOTHER

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

11. Color or race Col 12. Age at last birthday 23 (Years) 20. Color or race..... 21. Age at last birthday 19 (Years)

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Home

15. Industry or business in which work was 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. Wife

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) 2 (a) Born alive and now living..... (b) Born alive but now dead..... (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 a. 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 Frozer, M.D.

or..... Midwife.

Address Bolley

Filed Oct 27, 1916 Registrar.

Registrar.