

7-9-45
1756

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

1. PLACE OF BIRTH

County of AIKEN
Township of _____
or _____
Inc. Town of Jackson
or _____
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 210

16 092897

FILE No.—For State Registrar Only

0056

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

Quincy Henry Long

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

3. Boy or Girl Boy 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature 7. Are Parents Yes 8. Date of birth 7-9-16
(Month, day, year)

9. Full name FATHER JOHN EDWARD LONG

18. Name before marriage MOTHER ANNA BELL MADDOX

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

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

11. Color or race W 12. Age at child's birth 3.7 (years)

20. Color or race W 21. Age at child's birth 2.7 (years)

13. Birthplace (city or place) (State or country) E.D.G.E.F.I.E.D. Co.

22. Birthplace (city or place) (State or country) RICHMOND Co. GA.

OCCUPATION
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....
16. Date (month and year) last engaged in this work Sept 16
17. Total time (years) spent in this work 3.8

OCCUPATION
23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.....
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 House wife
26. Total time (years) spent in this work 3.8

27. Number of children of this mother (At time of birth and including this child) 4 (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 4:00 A.m. on the date above stated.

{ 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) John E. Long, Parent or _____, Guardian

Address 1013 1/2 St. Augusta, Ga.
Filed 7-12, 19 45 Thos. P. Lesesne

Registrar.

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.)