

16 092860

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 207

FILE No.—For State Registrar Only

03831

1. PLACE OF BIRTH

County of Aiken

Township of Gregg

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)

2. FULL NAME OF CHILD

Levi Jones

LEVI JONES

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

3. Boy or Girl

boy

If Plural births

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of birth

Sept 14 1916  
(Month, day, year)

5. Number, in order of birth

Full term

Married

9. Full name

FATHER

Lawrence Holmes Jones

18. Name before marriage

MOTHER

Dennie Youngblood

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

VAUCIUSE S.C.

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

VAUCIUSE S.C.

11. Color or race

Colored

12. Age at child's birth

44 (years)

20. Color or race

Colored

21. Age at child's birth

38 (years)

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

Edgefield S.C.

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

South Carolina

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

Office Boy

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

Housework

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

Cotton mill

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

Own home

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

TO DATE 19

17. Total time (years) spent in this work

19 yrs

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

TO DATE 19

26. Total time (years) spent in this work

17 yrs

27. Number of children of this mother (At time of birth and including this child)

14

(a) Born alive and now living

13

(b) Born alive but now dead

1

(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 alive P.m. on the date above stated.  
(Born alive or stillborn)

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

(Signed) Lawrence Jones, Parent

or, Guardian

Given name added from a supplementary report

(Date of)

Address

Filed June 4, 1916 M. B. W. [Signature]

6-4-16

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.)