

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 AikenTownship of Breaggor
Inc. Town ofor
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 JonesLEVI JONES

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

3. Boy or Girl

boy

4. Twin, triplet or other

None

5. Number, in order of birth

1

6. Premature

yes

7. Are Parents

Married

8. Date of birth

Sept 14

(Month, day, year)

1916

9. Full name

FATHER
Lawrence Elmore Jones

10. Name before marriage

None

11. Name before marriage

None

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

VAUCUSE S.C.

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

VAUCUSE S.C.

14. Color or race

Colored

15. Age at child's birth

44 (years)

16. Color or race

Colored

17. Age at child's birth

38 (years)

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

Edgefield S.C.

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

South Carolina

OCCUPATION

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

Office Boy

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

Cotton mill

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

TO DATE

17. Total time (years) spent in this work

19 yrs

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

Housework

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

Own home

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

TO DATE

23. Total time (years) spent in this work

17 yrs

24. 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

25. If stillborn, period of gestation

months

weeks

26. 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.Given name added from
a supplementary report

(Date of)

Registrar.

(Signed) Lawrence Jones, Parent
or _____, Guardian

Address

Filed June 4, 1916 M. B. W. Woodruff
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.)