

16 092878

Standard Certificate of Birth

FILE No.—For State Registrar Only

00129

STATE OF SOUTH CAROLINA

1. PLACE OF BIRTH

County of AikenTownship of Silvertonor
Inc. Town of Ellentonor
City of EllentonRegistration District No. 210

Registered No. _____

(For use of Local Registrar)

Ward _____

(No. _____ St.; _____
If birth occurs in a hospital or other institution, give name of same instead of street and number){ If child is not yet named, make
supplemental report as directed.2. FULL NAME OF CHILD James Council3. Boy or Girl boyIf Plural
births

4. Twin, triplet or other _____

5. Number, in order of birth _____

6. Premature _____

7. Are Parents
Full term yes8. Date of
birth June 21, 1916

(Month, day, year)

9. Full
name Charlie Council

FATHER

18. Name before
marriage Lizzie Council

MOTHER

19. Residence (mailing address)
(If non-resident, give place and State) Ellenton S.C.10. Residence (mailing address)
(If non-resident, give place and State) Ellenton S.C.11. Color or race col12. Age at child's birth 28 (years)20. Color or race col21. Age at child's birth 28 (years)13. Birthplace (city or place)
(State or country) Aiken S.C.22. Birthplace (city or place)
(State or country) Aiken S.C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. yard man23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. farm hand15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. housewife24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. housewife16. Date (month and year) last
engaged in this work _____17. Total time (years)
spent in this work 10 yrs25. Date (month and year) last
engaged in this work _____26. Total time (years)
spent in this work 10 yrs27. Number of children of this mother
(At time of birth and including this child) 2(a) Born alive and now living 1(b) Born alive but now dead 0(c) Stillborn 028. If stillborn,
period of gestation _____months
weeks

29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 4 P m. on the date above stated.
(Born alive or stillborn)(Signed) Lizzie Council

or _____

Address _____

Filed Feb. 619 13 M. B. Woodward, M. D.

Registrar

{ 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 _____

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
each, in order of birth, stated.
(See instructions on Back of Certificate.)
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of