

8-26-46
f.n. 21249
dm

9-6-46
dm

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.

*BY COURT ORDER DATED 12/12/77.

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

22 050594

FILE

Only

1. PLACE OF BIRTH

Standard Certificate of Birth

County of Aiken

STATE OF SOUTH CAROLINA

Township of

Bureau of Vital Statistics
State Board of Health

or

Inc. Town of P. E. D. 3, Augusta, Ga.

Registration District No. 213

Registered No.

(For use of Local Registrar)

or

City of

(No.

St.;

Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

William George Yonce

2. FULL NAME OF CHILD

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

3. Boy or Girl

If Plural

4. Twins, triplets or other

6. Premature

7. Are Parents

8. Date of birth

23

boy

births

5. Number, in order of birth

Full term

Married?

yes

birth

(Month, day, year)

19

9. Full name

FATHER
Levie Gable Yonce

18. Name before marriage

MOTHER
Melissa Day

10. Residence (mailing address)

Route 3, Augusta, Ga.

19. Residence (mailing address)

Route 3, Augusta, Ga.

(If non-resident, give place and State)

(If non-resident, give place and State)

11. Color or race

White

12. Age at last birthday

42

(years)

20. Color or race

White

21. Age at last birthday

43

(years)

13. Birthplace (city or place)

Aiken County

(State or country)

22. Birthplace (city or place)

Aiken County

(State or country)

OCCUPATION

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

Cotton Mill

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

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

17. Total time (years) spent in this work

OCCUPATION

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

Housekeeper

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

home

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)

(a) Born alive and now living

9

(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 5 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

CO # 11,595

a supplementary report

(Date of)

Filed: Dec. 20, 1977 - dmh

State Registrar

X (Signed)

Mrs. Melissa Yonce Parent

or

Guardian

Address

Filed: Sept. 18, 1946 Thos. P. Lesesne

Issue photo-copy only.