

B-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. 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)

2. FULL NAME OF CHILD

William George Yonce

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

3. Boy or Girl boy If Plural births 5. Number, in order of birth 4. Twins, triplets or other ..... 6. Premature ..... 7. Are Parents Married? yes 8. Date of birth Oct. 9, 1946 (Month, day, year) 23 19.....

9. Full name Levie Gable Yonce FATHER  
10. Residence (mailing address) Route 3, Augusta, Ga.  
(If non-resident, give place and State) .....

18. Name before marriage Melissa Day MOTHER  
19. Residence (mailing address) Route 3, Augusta, Ga.  
(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) .....

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

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

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

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

16. Date (month and year) last engaged in this work ..... 19..... 17. Total time (years) spent in this work .....

25. Date (month and year) last engaged in this work ..... 19..... 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.

X (Signed) Mrs. Melissa Yonce Parent  
or ..... Guardian

Given name added from CO # 11, 595  
a supplementary report .....

Address .....

Filed: Dec. 20, 1977 - dmh  
(Date of)

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

State Registrar

Issue photo-copy only.