

16 093571

1. PLACE OF BIRTH

County of Fairfield

Township of _____

or
Inc. Town of Ridgewayor
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Registration District No. 1906 Registered No. _____
(For use of Local Registrar)

(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 Elijah McCleekin{ If child is not yet named, make
supplemental report as directed.3. Boy or Girl Boy If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term + 7. Are Parents Married? yes 8. Date of birth 3-27- 1916
(Month, day, year)9. Full name AARON McCLEEKIN FATHER18. Name before marriage MATTIE CUMPTON MOTHER10. Residence (mailing address) COLUMBIA S.C.
(If non-resident, give place and State)19. Residence (mailing address) RIDGEWAY, S.C.
(If non-resident, give place and State)11. Color or race Negro 12. Age at child's birth 24 (years)20. Color or race Negro 21. Age at child's birth 21 (years)13. Birthplace (city or place) RIDGEWAY, S.C.
(State or country)22. Birthplace (city or place) WINDSOR
(State or country) SOUTH CAROLINA14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. COMMON LABORER23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Domestic16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work 1225. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 1227. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0028. If stillborn, period of gestation _____ (months) _____ (weeks) 29. Cause of stillbirth _____ Before labor 00 During labor 00

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was _____ at _____ 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) Mattie McCleekin Parent

or _____ Guardian

Given name added from
a supplementary report _____
(Date of)Address COLUMBIA S.C.
Filed Feb. 8 1916 M.B. Woodward, M.D.
Registrar.

Registrar.

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.)