

(1) PLACE OF BIRTH

County of AikenTownship of Hammondor
Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62860

or
City ofRegistration District No. 205BRegistered No. 27

(For use of Local Registrar)

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.

Jola H. Ashell

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June, 14, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. L. Ashell

(9) PRESENT POSTOFFICE OF FATHER

Clearwater S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

22
(Years)

(12) BIRTHPLACE

Alabama.

(13) OCCUPATION

mill Hand

(20) Number of children born to mother, including present birth

{ 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Quiece Gaston

(15) PRESENT POSTOFFICE OF MOTHER

Clearwater S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

Graniteville S.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

{ 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:45 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jno. D. Greene M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianBluffs S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 15, 1916

(28)

Jno. D. Greene M.D.

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.