

16 093508

## Standard Certificate of Birth

FILE No.—For State Registrar Only

00284

## 1. PLACE OF BIRTH

County of DillonTownship of Manning  
or  
Inc. Town of Dillon

STATE OF SOUTH CAROLINA

Registration District No. 16-A Registered No. 2  
(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 Jewell Pierce Mc Laurin (If child is not yet named, make supplemental report as directed.)3. Boy or Girl \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term yes 7. Are Parents Married? yes 8. Date of birth Feb. 25, 1916  
(Month, day, year)9. Full name Jewell Pierce Mc Laurin FATHER18. Name before marriage Kate Braddy Mc Laurin MOTHER10. Residence (mailing address) Dillon, S.C.  
(If non-resident, give place and State)19. Residence (mailing address) Dillon, S.C.  
(If non-resident, give place and State)11. Color or race White 12. Age at child's birth 37 (years)20. Color or race White 21. Age at child's birth 25 (years)13. Birthplace (city or place) Dillon County, S.C.  
(State or country)22. Birthplace (city or place) Dillon County, S.C.  
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. all of type line many own home16. Date (month and year) last engaged in this work June 26, 1936

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 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0  
At time of birth and including this child

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 alive at 11<sup>00</sup> A.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.

Given name added from \_\_\_\_\_ a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) Minnie Hyatt, B.N., Parentor (Nurse who attended case)Address Dillon, S.C.Filed Jan. 16, 1916 St. William's 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.)