

16 093508

1. PLACE OF BIRTH

County of DillonTownship of Manningor
Inc. Town of Dillon

City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Registration District No. 16-A Registered No. 2

(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

Jewell Pierce Mc Laurin If child is not yet named, make supplemental report as directed.3. Boy or Girl 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 FATHER10. 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)13. 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. Farmer15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own Farm16. Date (month and year) last engaged in this work June 26, 1936 17. Total time (years) 25 yrs spent in this work27. 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 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ (months) _____ (weeks) 29. Cause of stillbirth _____

18. Name before marriage Kate Braddy Mc Laurin MOTHER19. Residence (mailing address) Dillon, S.C. (If non-resident, give place and State)20. Color or race White 21. Age at child's birth 25 (years)22. Birthplace (city or place) Dillon County, S.C. (State or country)23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. all of type line making own home

25. Date (month and year) last engaged in this work _____ 26. Total time (years) _____ spent in this work

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 11:00 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) _____

Registrar.

(Signed) Minnie Hyatt, R.N., Parentor (Nurse in attendance)
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.)