

1/23/45 no cards.

U. S. Dept. of Commerce
Bureau of the Census

16 092871

Standard Certificate of Birth

FILE No.—For State Registrar Only

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

00122

1. PLACE OF BIRTH

County of Aiken

Township of

or
Inc. Town of

or
City of Aiken

Registration District No. 2-a 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 Lillie Mae Farrell { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Girl If Plural births 4 4. Twin, triplet or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married?..... 8. Date of birth Jan. 10, 1945 (Month, day, year)

9. Full name FATHER
Landy Farrell

18. Name before marriage MOTHER
Lula Brown

10. Residence (mailing address) (If non-resident, give place and State) Aiken Co.

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11. Color or race Col. 12. Age at child's birth..... (years)

20. Color or race Col. 21. Age at child's birth..... (years)

13. Birthplace (city or place) (State or country) S. C.

22. Birthplace (city or place) (State or country) S. C.

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

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

15. Industry or business in which work 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.

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..... (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 alive 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) Quillie Davis, Parent
or Quillie Davis, Guardian
Address Aiken S.C.
Filed April 24, 1945 M. B. Woodward, M.D.
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.)