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

16 092871

# Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-a

FILE No.—For State Registrar Only

00122

## 1. PLACE OF BIRTH

County of Aiken

Township of

or

Inc. Town of

or

City of Aiken

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registered No. (For use of Local Registrar)

## 2. FULL NAME OF CHILD Lillie Mae Farrell

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

3. Boy or

Girl

If Plural

births

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

1916

(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.

19. Residence (mailing address)

(If non-resident, give place and State) Aiken Co.

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

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

19

OCCUPATION

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

House Wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

19

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) Parent

or Guardian

Address Aiken S.C. M. B. Woodward, M.D.

Filed April 24 1916

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.)