

4/10/41

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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)

1. PLACE OF BIRTH County of <u>Anderson</u> Township of <u>Williamston</u> or Inc. Town of <u>Pelzer, S. C.</u> City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>314</u>		FILE No.—For State Registrar Only 00249	
2. FULL NAME OF CHILD <u>Junnia Mae Addison</u> (If child is not yet named, make supplemental report as directed.)		Registered No. _____ (For use of Local Registrar)			
3. Boy or Girl <u>Girl</u>	If Plural births _____	4. Twins, triplets or other _____	6. Premature _____	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Feb. 15,</u> 19 <u>16.</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>James A. Addison</u>		18. Name before marriage <u>MOTHER</u> <u>Lora Lee Mahaffey</u>			
10. Residence (mailing address) (If non-resident, give place and State) <u>Pelzer, S. C.</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Buncombe Co. Pelzer, S. C.</u>			
11. Color or race <u>White</u>		20. Color or race <u>White</u>			
12. Age at child's birth <u>38 Years</u>		21. Age at child's birth <u>32 Years</u>			
13. Birthplace (city or place) (State or country) <u>Georgia</u>		22. Birthplace (city or place) (State or country) <u>Buncombe County N. C.</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>			
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Textile</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Own Home</u>			
16. Date (month and year last) engaged in this work _____, 19____		25. Date (month and year last) engaged in this work _____, 19____			
17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____			
27. Number of children of this mother <u>Six</u> (At time of birth and including this child) (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>None</u>					
28. If stillborn, period of gestation <u>None</u> 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 Alive at 8 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) James A. Addison Parent

or _____, Guardian

Address Pelzer, S. C.

Filed 4/15/41, 19____ M. B. Woodward, M. D.
Registrar.