

16 092851

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				Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		00223	
Township of <u>Tabernacle</u>		State Board of Health		Registration District No. <u>201</u>		Registered No. _____	
or Inc. Town of _____		City of _____		(No. _____) (St. _____) (Ward _____)		(For use of Local Registrar)	
2. FULL NAME OF CHILD <u>John Courtney</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number) (If child cannot yet be named, make supplemental report as directed.)							
3. Boy or Girl <u>Boy</u>	4. Twin, triplet, or other _____	5. Premature _____	6. Are Parents _____	7. Date of birth <u>Apr. 12</u>	19 <u>42</u>		
8. Full name <u>James Courtney</u>	FATHER		9. Full maiden name <u>Alice Lucy</u>	MOTHER			
10. Residence (usual place of abode) <u>Richmond Mills</u>		11. Residence (usual place of abode) <u>Richmond Mills</u>		12. Date of birth <u>Apr. 12</u>			
13. Color or race <u>W</u>		14. Age at last birthday <u>26</u>		15. Color or race <u>W</u>		16. Age at last birthday <u>24</u>	
17. Birthplace (city or place) <u>I.C.</u>		18. Birthplace (city or place) <u>I.C.</u>		19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		23. Date (month and year) last engaged in this work _____	
24. Date (month and year) last engaged in this work _____		25. Total time (years) spent in this work _____		26. Date (month and year) last engaged in this work _____		27. Total time (years) spent in this work _____	
28. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>							
29. If stillborn, period of gestation _____ months _____ weeks		30. Cause of stillbirth _____		31. Before labor _____		32. During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE							
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>8 P.</u> 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. }				(Signed) <u>J. H. Rodie</u> , M.D.			
Given name added from a supplemental report _____ (Date of) _____				or _____ Midwife			
Address _____				Filed <u>May 19</u> , 19 <u>42</u> <u>M.B. Woodward</u> , M.D.			
Registrar _____				Registrar _____			