

22 049247 11/29/40

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 Orangeburg,
 Township of Elizabeth
 or
 Inc. Town of North, S.C.
 or
 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

FILE No.—For State Registrar Only
02279

Registration District No. 3604 Registered No. _____
 (For use of Local Registrar)

(No. RFD. No. 1. St. _____ Ward _____)

2. FULL NAME OF CHILD Jordan Livingston Rimes, (If child is not yet named, make supplemental report as directed.)

3. Boy or Girl boy If Plural births _____ 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? _____ 8. Date of birth August 3, 1938
 (Month, day, year)

9. Full name FATHER James Benjamin Rimes 18. Name before marriage MOTHER Mttie Sevilla Croft

10. Residence (mailing address) North Claxton, Ga. 19. Residence (mailing address) North deceased.
 (If non-resident, give place and State)

11. Color or race W 12. Age at child's birth 34 (years) 20. Color or race W 21. Age at child's birth 34 (years)

13. Birthplace (city or place) Statesboro, Ga. 22. Birthplace (city or place) Barnwell, S.C.
 (State or country) Bulloch county (State or country) Barnwell county.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife.

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. all 11

16. Date (month and year last) engaged in this work 1938 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work 1922. 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 7 (b) Born alive but now dead 2 (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 _____ at _____ 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) Benjamin J. Rimes Parent or Father. Guardian

Address Claxton, Georgia.

Filed Feb. 11, 1941 M. B. Woodward, M.D. Registrar.

Registrar.