

22 049247 11/29/40

Standard Certificate of Birth

FILE No.—For State Registrar Only
02279

1. PLACE OF BIRTH
County of Orangeburg,
Township of Elizabeth
or
Inc. Town of North, S.C.
or
City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3604 Registered No.
(For use of Local Registrar)
(No. RFD. No. 1 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 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 Craft

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

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

11. Color or race W 12. Age at child's birth 41 34 (years)

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

13. Birthplace (city or place) Statesboro, Ga.
(State or country) Bulloch county

22. Birthplace (city or place) Barnwell, S.C.
(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 lif

16. Date (month and year last) engaged in this work 1938, 19.....

25. Date (month and year) last engaged in this work 1922., 19.....

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.)

(Signed) Benjamin J. Rimes, Parent or Father., Guardian

Given name added from a supplementary report..... (Date of)

Address Claxton, Georgia.

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