

16 093409

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 ClarendonTownship of Fulton
orInc. Town of _____
or

City of _____

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1305

FILE No.—For State Registrar Only

00208

Registered No. _____
(For use of Local Registrar)2. FULL NAME OF CHILD Irene Wells

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

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>June 26</u> , 19 <u>16</u> (Month, day, year)
5. Number, in order of birth		Full term			

9. Full name <u>Lorman Wells</u>	FATHER
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18. Name before marriage <u>Camilla Green</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State)	<u>Clarendon Co.</u>
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19. Residence (mailing address) (If non-resident, give place and State)	<u>Clarendon Co.</u>
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11. Color or race <u>negro</u>	12. Age at child's birth <u>39</u> (years)
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20. Color or race <u>negro</u>	Age at child's birth <u>19</u> (years)
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13. Birthplace (city or place (State or country))	<u>Clarendon Co., S.C.</u>
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22. Birthplace (city or place (State or country))	<u>Clarendon Co., S.C.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Farmer</u>
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23. Trade, profession, or particular kind of work done, at house- keeper, typist, nurse, clerk, etc.	<u>Housewife</u>
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15. Industry or business in which work done, as silk mill, sawmill, bank, etc.	
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24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
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16. Date (month and year) last engaged in this work	
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25. Date (month and year) last engaged in this work	
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17. Total time (years) spent in this work	
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26. Total time (years) spent in this work	
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27. Number of children of this mother (At time of birth and including this child) <u>2</u>	(a) Born alive and now living <u>2</u>	(b) Born alive but now dead	(c) Stillborn
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28. If Stillborn, period of gestation	months weeks	29. Cause of stillbirth	Before labor During labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 2 P. 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) Lorman Wells, Parent

or _____, Guardian

Given name added from
a supplementary report _____
(Date of)Address Pinewood, S.C.Filed 12/2/16, 1916

Registrar

Wit:
Mathie VinneyRegistrar
M. D.