

16 093409

## 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)

## 1. PLACE OF BIRTH

County of ClarendonTownship of Fulton

or

Inc. 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)

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			

10. Full name FATHER <u>Lorman Wells</u>		18. Name before marriage MOTHER <u>Camilla Green</u>	
10. Residence (mailing address) (If non-resident, give place and State) <u>Clarendon Co.</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Clarendon Co.</u>	
11. Color or race <u>negro</u>		20. Color or race <u>negro</u>	
12. Age at child's birth <u>39</u> (years)		21. Age at child's birth <u>19</u> (years)	
13. Birthplace (city or place) (State or country) <u>Clarendon Co., S.C.</u>		22. Birthplace (city or place) (State or country) <u>Clarendon Co., S.C.</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, at house- keeper, typist, nurse, clerk, etc. <u>Housewife</u>	
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.	
16. Date (month and year) last engaged in this work		25. Date (month and year) last engaged in this work	
17. Total time (years) spent in this work		26. Total time (years) spent in this work	

27. Number of children of this mother 2  
(At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn28. 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 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, 1916Registrar. Wit: Mathie VinneyRegistrar Mathie Vinney, M. D.

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)

not neg. 11/14/16