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U. S. Dept. of Commerce  
Bureau of the Census

## Standard Certificate of Birth

FILE No.—For State Registrar Only  
00164

1. PLACE OF BIRTH

County of AikenTownship of Langleyor  
Inc. Town ofor  
City of Langley

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 217

Registered No. ....

(For use of Local Registrar)

Ward)

2. FULL NAME OF CHILD Janelle Evelyn Lott  
(If birth occurs in a hospital or other institution, give name of same instead of street and number) { If child is not yet named, make supplemental report as directed.3. Boy or Girl Girl If Plural births 1 4. Twins, triplets or other..... 6. Premature..... 7. Are Parents Yes 8. Date of Birth May 22 1946  
Full term..... Married?..... (Month, day, year)9. Full name Jake Lott FATHER 18. Name before marriage Minnie Bryant MOTHER10. Residence (mailing address) Langley 19. Residence (mailing address) Langley  
(If non-resident, give place and State) (If non-resident, give place and State)11. Color or race white 20. Color or race white 21. Age at child's birth 33 (years)12. Age at child's birth 42 (years) 22. Birthplace (city or place) Aiken Co.  
(State or country) (State or country)13. Birthplace (city or place) Edgefield Co. 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Textile14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. ....15. Industry or business in which work done, as silk mill, sawmill, bank, etc. .... 25. Date (month and year) last engaged in this work 192616. Date (month and year) last engaged in this work 1926 17. Total time (years) spent in this work..... 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 5 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

Physician and both parents dead

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from..... (Date of).....

Registrar.

(Signed) Mrs. Jessie Reeves (Aunt) Parent  
or..... Guardian  
Address.....  
Filed Oct. 11, 1943 L.A. Riser, M.D. Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD of each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

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.