

15 045698

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

1. PLACE OF BIRTH

County of Aiken
Township of Schultz
or
Inc. Town of J
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 213

FILE No.—For State Registrar Only

0006

Registered No. _____
(For use of Local Registrar)

Ward _____

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

2. FULL NAME OF CHILD

Ramos Elam

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

3. Boy or Girl <u>Boy</u>	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents married.....	8. Date of birth..... <u>April 19, 1915</u> (Month, day, year)
9. Full name <u>Joseph E. Elam</u>	10. Residence (mailing address) (If non-resident, give place and State) <u>Aiken S.C.</u>		11. Color or race..... <u>C</u>		
12. Age at child's birth..... <u>31</u> (years)		13. Birthplace (city or place) (State or country) <u>Aiken S.C.</u>			
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... <u>Public Work</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc..... <u>Work</u>			
16. Date (month and year) last engaged in this work..... <u>1915</u>		17. Total time (years) spent in this work.....			
18. Name before marriage <u>Julia Martin</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Aiken S.C.</u>			
20. Color or race..... <u>C</u>		21. Age at child's birth..... <u>24</u> (years)			
22. Birthplace (city or place) (State or country) <u>Aiken S.C.</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... <u>House</u>			
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc..... <u>Work</u>		25. Date (month and year) last engaged in this work..... <u>1915</u>			
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..... <u>1</u> (b) Born alive but now dead..... <u>0</u> (c) Stillborn..... <u>0</u>			
28. If stillborn, period of gestation..... <u>months</u> 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 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
a supplementary report _____

(Date of)

Registrar.

(Signed) Julia E. Elam, Parent
or _____, Guardian
Address Rte. 3 Box 128 Augusta, Ga.
Filed July 6, 1915 Thos. P. Lesesne
Registrar.

AFFIDAVIT

State of

South Carolina

County of

Aiken

Personally appeared before me,

Mabel Butler

and

Mattie Reese

, who being duly sworn, deposes and says:

1. That he (she) or he (she) reside in

Aiken

County of

SC

and

Aiken

County of

Aiken

Deponents further state that they are

48

and

53

years of age, respectively.

2. That of these deponents own knowledge, there was born to

Julia E. Lane

(Name of Mother)

a (male) (female) child,

Amos E. Lane

in

none

(Town)

Aiken

South Carolina,

on or about the

19th

day of

April

1945

3. That these deponents are related to the child referred to herein as

None

and

None

, respectively.

Sworn to and subscribed before me,

this the

19th

day of

June

19

45

Mabel Butler

Mattie Reese

(Notary Public, S. C.)

These affidavits required in accordance with Regulation 16 of Rules and Regulations for Vital Statistics under authority Section 5130 of Civil Code of South Carolina for the year 1942.