

15 045698

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

1. PLACE OF BIRTH

County of AikenTownship of Schultzor
Inc. Town of _____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 _____

(No. _____ St. _____
(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..... <u>yes</u>	8. Date of birth <u>April 19 1915</u> (Month, day, year)
9. Full name <u>Joseph Elam</u>	FATHER			18. Name before marriage <u>Julia Martin</u>	MOTHER
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</u>			15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>work</u>	
16. Date (month and year) last engaged in this work, 19.....	17. Total time (years) spent in this work.....			18. Date (month and year) last engaged in this work, 19.....	
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..... months weeks	29. Cause of stillbirth.....			30. 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, 19 45 Thos. P. Lesesne

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.)

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

(Name of Child)

in Aiken

(Town)

(County)

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

A. E. [Signature]

(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.