

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 Fairfield  
Township of 6  
or  
Inc. Town of Ridgeway S.C.  
or  
City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 1907

FILE No.—For State Registrar Only

**00293**

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

# 2. FULL NAME OF CHILD Rufus Baxter Jones

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

3. Boy or Girl Boy 4. Twins, triplets or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth Aug 25, 1916  
(Month, day, year)

9. Full name FATHER  
Rufus Jones Rufus Jones

18. Name before marriage MOTHER  
Emma Mae Baxter

10. Residence (mailing address)  
(If non-resident, give place and State) Ridgeway, S.C.

19. Residence (mailing address)  
(If non-resident, give place and State) Ridgeway, S.C.

11. Color or race White 12. Age at child's birth 36 (years)

20. Color or race White 21. Age at child's birth 25 (years)

13. Birthplace (city or place)  
(State or country) Statesboro

22. Birthplace (city or place)  
(State or country) Ridgeway, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was 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 (At time of birth and including this child) 1 (a) Born alive and now living 1 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. 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 Born alive at 12:00 m. 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) Rufus Jones, Parent

Given name added from \_\_\_\_\_  
a supplementary report \_\_\_\_\_  
(Date of) \_\_\_\_\_

or \_\_\_\_\_ Guardian

Address Ridgeway S.C.

Filed 5/19/41, 1941 Wm. S. E. Horton

Registrar.

Registrar.