

16 093569

FILE No.—For State Registrar Only
00293

1. PLACE OF BIRTH

County of FairfieldTownship of 8or
Inc. Town of Ridgeway S.C.or
City of

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1907Registered No.
(For use of Local Registrar)2. FULL NAME OF CHILD Rufus Baxter Jones

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

3. Boy or Girl <u>Boy</u>	If Plural births	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>Aug 25</u> 19 <u>16</u> (Month, day, year)
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9. Full name <u>FATHER</u> <u>Rufus Jones Rufus Jones</u>	18. Name before marriage <u>MOTHER Emma Mae Baxter</u> <u>Emma Mae Baxter</u>
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10. Residence (mailing address) (If non-resident, give place and State) <u>Ridgeway, S. C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Ridgeway, S. C.</u>
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11. Color or race <u>White</u>	12. Age at child's birth <u>36</u> (years)	20. Color or race <u>White</u>	21. Age at child's birth <u>25</u> (years)
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13. Birthplace (city or place) (State or country) <u>Statesboro</u>	22. Birthplace (city or place) (State or country) <u>Ridgeway, S. C.</u>
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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, as 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, 19.....	17. Total time (years) spent in this work, 19.....
16. Date (month and year last) engaged in this work, 19.....	25. Date (month and year) last engaged in this work, 19.....
16. Date (month and year last) engaged in this work, 19.....	26. Total time (years) spent in this work, 19.....

27. Number of children of this mother (At time of birth and including this child) <u>1</u> (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....
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28. If stillborn, period of gestation..... months weeks	29. Cause of stillbirth..... (Before labor..... During labor.....)
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born alive at 12:30 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

or..... Guardian

Given name added from
a supplementary report.....
(Date of)Address Ridgeway S.C.Filed 5/19/16, 19..... Wm. S. E. Hooten

Registrar.

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)