

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 Clarendon Township of Sammy Swamp or Inc. Town of or City of | | <h1>Standard Certificate of Birth</h1> <p>STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health</p> <p>Registration District No. 1315, Registered No. 00210</p> | | FILE No.—For State Registrar Only | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number) | | | | (For use of Local Registrar) | |
| 2. FULL NAME OF CHILD Louvenia Rhames | | | | | |
| 3. Boy or girl girl | 4. Twins, triplets or other..... | 5. Number, in order of birth..... | 6. Premature..... | 7. Are Parents Married? Yes | 8. Date of birth Dec. 20, 1916 |
| 8. Full name Willie Rhames FATHER | | | 18. Name before marriage Nellie Postell MOTHER | | |
| 10. Residence (mailing address) (If non-resident, give place and State) Manning RFD | | | 19. Residence (mailing address) (If non-resident, give place and State) Manning RFD | | |
| 11. Color or race Negro . Age at child's birth 23 (years) | | | 20. Color or race Negro . Age at child's birth 22 (years) | | |
| 13. Birthplace (city or place) (State or country) Clarendon County S. C. | | | 22. Birthplace (city or place) (State or country) Clarendon County S. C. | | |
| OCCUPATION | 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer | | OCCUPATION | 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife | |
| | 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 | | 17. Total time (years) spent in this work | 25. Date (month and year) last engaged 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) 3 (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn..... | | | | | |
| 28. If Stillborn, period of gestation..... | | 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 **alive** at **a** M. on the date above stated.
(Born alive or stillborn)

(Signed) **Nellie Rhames**, Parent
or
Guardian
Address **11 Manning, S. C. Route 3**
Filed **Jan. 2 1916** **R. E. Wells**
Marion B. Woodward, M. D.

Given name added from a supplementary report.....
(Date of).....
Registrar.