

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

16 093411
 FILE No.—For State Registrar Only
 00210
 1315 Registered No. _____
 (For use of Local Registrar)

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

2. FULL NAME OF CHILD **Louvenia Rhames** { If child is not yet named, make supplemental report as directed

3. Boy or girl **girl** If Plural births _____ 4. Twins, triplets or other _____ 6. Premature _____ 7. Are Parents Married? **Yes** 8. Date of birth **Dec. 20, 1916**
 5. Number, in order of birth _____ Full term _____ (Month, day, year)

8. Full name **Willie Rhames** FATHER 18. Name before marriage **Nellie Postell** MOTHER
 10. Residence (mailing address) **Manning RFD** (If non-resident, give place and State) 19. Residence (mailing address) **Manning RFD**
 (If non-resident, give place and State)

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) **Clarendon County S. C.** (State or country) 22. Birthplace (city or place) **Clarendon County S. C.**
 (State or country)

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 _____		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) **3** (a) Born alive and now living _____ (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 **alive** at _____ M., on the date above stated.
 (Born alive or stillborn)

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