

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

16 092903

1. PLACE OF BIRTH

County of Aiken

Township of Aiken

or
Inc. Town of Aiken, S.C.

City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-a

FILE No.—For State Registrar Only

00-009869

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

Ruby Mae Wells

{ If child is not yet named, make supplemental report as directed

3. Boy or Girl girl 4. Twins, triplets or other..... 5. Number, in order of birth. 1..... 6. Premature 7. Are Parents Married? yes..... 8. Date of birth Aug. 16....., 1916
(Month, day, year)

9. Full name Amon Wells

FATHER

18. Name before marriage Octavie Goldman

MOTHER

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

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

11. Color or race. W..... 12. Age at child's birth. 2.4..... (years)

20. Color or race. W..... 21. Age at child's birth. 2.0..... (years)

13. Birthplace (city or place) Aiken, Co.
(State or country)

22. Birthplace (city or place) Aiken, Co.
(State or country)

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

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

15. Industry or business in which work done, as silk mill, sawmill, bank, etc..... Farming

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc..... House wife

16. Date (month and year) last engaged in this work March....., 1916

25. Date (month and year) last engaged in this work Sept......, 1916

17. Total time (years) spent in this work life

26. Total time (years) spent in this work life

27. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living..... 3 (b) Born alive but now dead..... 0 (c) Stillborn 0

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 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) Sister, Parent

or Cora Howard, Guardian

Address 519 Ellis St Augusta Ga

Filed 4-19, 1916

Registrar

Thos. P. P. P. P.