

11-22-43

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

## 1. PLACE OF BIRTH

County of ClarendonTownship of Fulton

or

Inc. Town of Pinewood

or

City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1305

FILE No.—For State Registrar Only

00209

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

William Wesley James

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

3. Boy ☒ Girl

If Plural

births

4. Twins, triplets or other

6. Premature

7. Are Parents

8. Date of

Oct. 5, 1916

5. Number, in order of birth

Full term

Married? no

(Month, day, year)

9. Full name

FATHER

18. Name before marriage

MOTHER

Mary Elizabeth James

10. Residence (mailing address)

(If non-resident, give place and State)

19. Residence (mailing address)

(If non-resident, give place and State)

Pinewood

11. Color or race

12. Age at child's birth (years)

20. Color or race Col21. Age at child's birth 25 (years)13. Birthplace (city or place)  
(State or country)22. Birthplace (city or place)  
(State or country)DC

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.

House Work

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)

(a) Born alive and now living 1 (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 11 a.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)

(Signed) Mary E. Capers, Parent

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

Address PinewoodFiled Oct. 3, 19 43 L. A. Risar, M.D.

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.)