

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 Coke  
Township of Hopewell  
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)

# Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 706

FILE No.—For State Registrar Only

03833

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

2. FULL NAME OF CHILD Emma Jane Layd  
(If child is not yet named, make supplemental report as directed.)

3. Sex or Gender Girl 4. Twins, triplets or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents \_\_\_\_\_ 8. Date of birth Mar. 31, 1916  
(Month, day, year)

9. Full name FATHER Chorley Layd 18. Name before marriage MOTHER Rosa B. Layd

10. Residence (mailing address) (If non-resident, give place and State) Coke, SC 19. Residence (mailing address) (If non-resident, give place and State) Coke, SC

11. Color or race Cal 12. Age at child's birth 40 (years) 20. Color or race Cal 21. Age at child's birth 30 (years)

13. Birthplace (city or place) (State or country) Coke, SC 22. Birthplace (city or place) (State or country) Coke, SC

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	OCCUPATION	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 _____ 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) 7 (a) Born alive and now living 2 (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 4 P 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) Chorley Layd Parent  
or Rosa B. Layd Guardian

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Coke, SC  
Filed Aug. 27, 1916 M. B. Woodward, M.D. Registrar.  
8-27-42

Registrar.