

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.)

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

1. PLACE OF BIRTH

County of AIKEN
Township of LAUREN BATH
or
Inc. Town of —
or
City of —

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 217

FILE No.—For State Registrar Only

00131

Registered No. —
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD JANIE AUGUSTA BAILEY { If child is not yet named, make supplemental report as directed.

3. Boy or GIRL If Plural births — 4. Twin, triplet or other X 5. Number, in order of birth 1 6. Premature X 7. Are Parents Married? YES 8. Date of birth DEC 7 19 16
(Month, day, year)

9. Full name FATHER HENRY BRYANT BAILEY

18. Name before marriage MOTHER ANNA E. SCREEN

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

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

11. Color or race Col. 12. Age at child's birth 42 (years)

20. Color or race Col 21. Age at child's birth 37 (years)

13. Birthplace (city or place) BATH, S.C.
(State or country)

22. Birthplace (city or place) EDGEFIELD SC
(State or country)

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

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

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

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

16. Date (month and year) last engaged in this work MARCH 1943

25. Date (month and year) last engaged in this work APR 1924

17. Total time (years) spent in this work 30

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

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation X months weeks 29. Cause of stillbirth — Before labor X During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at BATH S.C. 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.

Given name added from a supplementary report —

(Signed) Henry Bryant Bailey Parent

or — Guardian

Address RED H. AUGUSTA GA

Filed July 14, 19 43 L.A. Riser, M.D.

Registrar.

(Date of) Page 1 of 3
Registrar.