

(1) PLACE OF BIRTH

County of Leopington
Township of Chazy
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only
8341

Registration District No. 3105 Registered No. 17
(For use of Local Registrar)

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

(2) Full Name of Child Robert Russel Aaron If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL
(4) Twin or Triplet? (5) Number in order of birth
(6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 22, 22
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr James J. Aaron
(9) PRESENT POSTOFFICE OF FATHER New Brookland SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Year)
(12) BIRTHPLACE Estover SC
(13) OCCUPATION carpenter

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs Agnes Schull
(15) PRESENT POSTOFFICE OF MOTHER New Brookland SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Year)
(18) BIRTHPLACE New Brookland SC
(19) OCCUPATION house wife

(20) Number of children born to mother, including present birth 13
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 7:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Frances Neuge
(24) State whether Physician or Midwife New Brookland SC (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 2/24 19 27 (28) J. G. Lybrand Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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