

## (1) PLACE OF BIRTH

County of Leffington  
 or  
 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. 3105Registered 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 Male (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 22, 1922  
 (Month of 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 Miss Agnes Schiell  
 (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 7:4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Frances Reger  
 (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 22 (28) J. B. 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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