

(1) PLACE OF BIRTH

County of Aiken

Township of

Inc. Town of

City of Aiken

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

(2) Full Name of Child Richard Atkins Person

(3) SEX OF CHILD Boy (4) Age of Child 28 (5) Date of Birth Feb 2 28
 (6) Is child now living yes (7) Name of Mother Alice Roberts Decker

FATHER.
 (8) Full Name W. H. Brown
 (9) Present Residence of Father Aiken S.C.
 (10) Color of Father W (11) Age at Last Birthday 27
 (12) Birthplace Aiken, P.C.
 (13) Occupation P.O. Clerk
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (15) Full Name Alice Roberts Decker
 (16) Present Residence of Mother Aiken S.C.
 (17) Color of Mother W (18) Age at Last Birthday 24
 (19) Birthplace Aiken Co. P.C.
 (20) Occupation Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M. on the date above stated. (Born alive or stillborn.) (Hour, P. M. or P. M.)

(23) (Signature) Dr. J. W. Person
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Aiken, S.C.

Given name added from a hospital or report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Feb 24 1928 (28) Dr. J. W. Person Local Registrar.

*When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it shall not be reported as stillborn. No report is desired of stillbirths unless the last month of pregnancy.

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

No. 10.—For this registration
2639

Registration District No. 2A Registered No. 47
 (For use of Local Registrar)

(No. St.; Ward)

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