

Form No. 1

(1) PLACE OF BIRTH

County of Kershaw

Township of

or

Inc. Town of Dauden

or

City of Dauden

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

(2) Full Name of Child Aaron Whitaker(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sep 18 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Aaron Whitaker

(9) PRESENT POSTOFFICE OF FATHER

Dauden

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

21
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

R.R. Laborer

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Gene Roach

(15) PRESENT POSTOFFICE OF MOTHER

Dauden

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

16
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

(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 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

Easter Richardson

(24) State whether Physician or Midwife

Midwife

(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 Midwife)

(27) Signed

Oct 4 22

(28)

H. G. Wilson
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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30807

Registration District No. 27-aRegistered No. 64
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Aaron Whitaker

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Sep 18 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

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WHILE PLAINLY WITH UNREMARKED THIS IS A PERMANENT RECORD.
 No. 10—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.