

(1) PLACE OF BIRTH

County of Aiken

Township of .....

or  
Inc. Town of .....or  
City of Aiken (No. .... St.; ..... Ward)

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

(2) Full Name of Child Willie Fells { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) <del>Twin</del> or <del>Triplet</del> ?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 18, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Willie Fells(9) PRESENT POSTOFFICE OF FATHER Aiken, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Aiken, S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth { 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Belle New(15) PRESENT POSTOFFICE OF MOTHER Aiken, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Augusta, Ga.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) James Harrison(24) State whether Physician or Midwife (25) Address of Physician or Midwife with wife Aiken, S.C.

Given name added from a supplemental report

(26) Witness Frankston Toole (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 25, 1916 (28) John C. Hartson 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.

MARGIN RESERVED FOR BINDING.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill of Columbia

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71063