

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		12568	
Township of		Registration District No. <u>2.A.</u>		Registered No. <u>36</u>	
OF				(For use of Local Registrar)	
Inc. Town of <u>Aiken</u>		City of <u>Aiken</u>		(No. <u>1217</u> St. <u>Young</u> Ward)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Thelma Johnson</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 11</u> , 19 <u>23</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Andrew Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Perie Meacham</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Aiken SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Aiken SC</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u>			(17) AGE AT LAST BIRTHDAY <u>32</u>		
(12) BIRTHPLACE <u>Aiken, SC</u>			(18) BIRTHPLACE <u>Aiken</u>		
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>Housekeeping</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>10</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Mary P. Jones</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Midwife Mary Jones</u>					
(24) State whether Physician or 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 mark)		
19 <u>23</u> Registrar			(27) Filed <u>5. 21. 19 23</u> (28) <u>Local Registrar</u>		

*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.