

(1) PLACE OF BIRTH

County of Aiken
 Township of Windsor
 or
 Inc. Town of Windsor
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62892

Registration District No. 275 Registered No. _____
 (For use of Local Registrar)
 (2) Full Name of Child Augustus Nicholas Joyner } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 4</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Joseph Peyton Joyner</u>			(14) NAME BEFORE MARRIAGE <u>Margaret Elizabeth Johnson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Windsor SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Windsor SC</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
(12) BIRTHPLACE <u>Kingville SC</u>			(18) BIRTHPLACE <u>Windsor SC</u>	
(13) OCCUPATION <u>Station Agent</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. H. Smith M.D.
 (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)

(27) Filed June 14 1916 (28) _____ 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.

O. L. Weeks

MARGIN RESERVED FOR BINDING.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

McCaw, of Columbia.