

(1) PLACE OF BIRTH

County of AikenTownship of Mill Brookor
Inc. Town of.....

City of

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

(2) Full Name of Child Alicia Key

File No.—For State Registrar Only

2449

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 207Registered No. 12
(For use of Local Registrar)

St.; Ward)

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

3 BOY OR GIRL? Girl4 Twin or Triplet? Single5 Number in order of birth 26 Are Parents Married? yes(7) DATE OF BIRTH Aug 1 1922

(Name) (Month) (Day) (Year)

FATHER.

8 FULL NAME Randolph Key9 PRESENT POSTOFFICE OF FATHER Aiken SC10 COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 25

(Years)

12 BIRTHPLACE SC13 OCCUPATION Farming14 Number of children born to father (including present birth) 2

MOTHER.

(14) NAME BEFORE MARRIAGE Pt Robinson(15) PRESENT POSTOFFICE OF MOTHER Aiken SC(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE SC19 OCCUPATION Laborer20 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 2 9 M., on the date above stated. (Hour) (M. or P. M.)(23) (Signature) Alice Reg

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

26 Name added from a supplemental report

(28) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 10 1922(29) F. H. Cook Local Registrar

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.

MAINTAIN RESERVED FOR BINDING

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