

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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 *Orville Aiken*

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

3

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

3 10 1916

(Name of Month) (Day) (Year)

(8) FULL NAME

Blaine Aiken

(9) PRESENT POSTOFFICE OF FATHER

Fort Lawn S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Chester Co. S.C.

(13) OCCUPATION

Public work

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

Five

(14) NAME BEFORE MARRIAGE

MOTHER.

Julia Perry

(15) PRESENT POSTOFFICE OF MOTHER

Fort Lawn S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Chester Co. S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *Fort Lawn S.C.* on the date above stated. (Hour A. M. or P. M.) *10 15 P. M.*

(23) (Signature)

Rachel Perry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Fort Lawn S.C.

(26) Witness

See signature

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

(27) Filed

8/15 1916

(28)

W. J. Varnado

Local Registrar

Given name added from a supplemental report

Nephew

191.6

Orville Aiken

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.

MAILED 20 10
 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. ...
 51622