

(1) PLACE OF BIRTH

County of AikenTownship of Aiken

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
19634Registration District No. 2.P.V. Registered No. 34
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of (No. St. Ward)

(2) Full Name of Child

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

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 7, 1902
(Month of Month) (Day) (Year)FATHER
(8) FULL NAME Tom Jones
(9) PRESENT POST OFFICE OF FATHER Aiken, S.C. R#2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1MOTHER
(15) NAME BEFORE MARRIAGE Mattie Pope
(16) PRESENT POST OFFICE OF MOTHER Aiken, S.C. R#2
(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 25
(19) BIRTHPLACE S.C.
(20) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Joyce Ann Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Aiken, S.C. R#2

Given name added from a supplemental report

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

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(27) Filed 7/17/02 (28) H. P. Lakewood Local Registrar

If there was no attending physician or midwife, then the father, householders, etc., should make this report. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.