(1) PLACE OF BIRTH

County of Aiken

Township of Schultz

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
2893

Registration District No. 213 Registered No. 7
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child Nellie Pendleton (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
girl	To be answered only in event of Twins or Triplets		yes	Feby 15 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Hal Pendleton	(14) NAME BEFORE MARRIAGE Mary Weaver
(9) PRESENT POSTOFFICE OF FATHER Augusta R 5	(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 5
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 22 (Years)	(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE S C
(13) OCCUPATION Farming	(19) OCCUPATION House
(20) Number of children born to mother, including present birth 1	(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 born alive (Born alive or stillborn) at 3 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary Thomas

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Augusta Ga R 5

Given name added from a supplemental report .....

..... 19 .....
Registrar

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

(27) Filed Feb 3 1922 (28) D. L. Medlock
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.

MAGIC BLOTTER PAD FOR SALE BY
YOUNG-CLARKE-STEVENS-VANDIVER CO.
COLUMBIA, S. C.
N. B.—Use one of these blotters in your office for the purpose of blotting the name of the child, and mark the
Bureau of Columbia, Columbia, S. C.