

Form No. 3

22-050734

1. PLACE OF BIRTH
 County of Anderson
 Township of.....
 or
 Inc. Town of.....
 or
 City of Piedmont (No. R.F.D. 1 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.

~~02129~~Registration District No. 3-1 Registered No.
 (For use of Local Registrar)

2. FULL NAME OF CHILD Joseph Marion Aiken (If child is not yet named, make supplemental report as directed.)

3. BOY OR GIRL Boy	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married? Yes	7. DATE OF BIRTH Sept. 20, 1923 (Name of Month) (Day) (Year)
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FATHER		MOTHER	
8. FULL NAME Chas. Aiken	14. NAME BEFORE MARRIAGE Corrie Hammond	9. PRESENT POSTOFFICE OF FATHER Piedmont, S.C.	15. PRESENT POSTOFFICE OF MOTHER Piedmont, S.C.
10. COLOR OR RACE White	11. AGE AT LAST BIRTHDAY 32 (Years)	16. COLOR OR RACE White	17. AGE AT LAST BIRTHDAY 25 (Years)
12. BIRTHPLACE S.C.	18. BIRTHPLACE S.C.	13. OCCUPATION Farming	19. OCCUPATION Domestic
20. Number of children born to mother, including present birth 2	21. 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 5 A. M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature Joe P. Jewell24. State whether Physician or Midwife
physician

25. Address of Physician or Midwife

Given name added from a supplemental report

Amended P-1 JUL - 5 1979

Registrar

26. Witness.....

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

27. Filed 5-20-42 19..... Martin B. Woodward, M.D.
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.

MARGIN RESERVED FOR BINDING

WRITE 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.

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