

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.

(1) PLACE OF BIRTH

County of Louis Co.

Township of Sullivan

Inc. Town of _____

City of _____

(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.—For State Registrar Only

46720

Registration District No. 29.06 Registered No. 10

(For use of Local Registrar)

St.; _____ Ward)

(2) Full Name of Child lv D. Aye

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 Jan. 23, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dan Aye

(9) PRESENT POSTOFFICE OF FATHER Wade Shoals

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Greenwood Co. S.C.

(13) OCCUPATION Iron Laborer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Caldwell

(15) PRESENT POSTOFFICE OF MOTHER Wade Shoals

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Greenwood Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 20 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dan Aye

(24) State whether Physician or Midwife Teacher

(25) Address of Physician or Midwife Wade Shoals

Given name added from a supplemental report _____

191 _____

Registrar

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

(27) Filed 1262 1916 (28) J. S. Sullivan 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.

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