

(1) PLACE OF BIRTH

County of Aiken
Township of Rising Sun
or
Inc. Town of.....
or

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

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

(2) Full Name of Child. Luther Herd

(a) Sex	(b) Type of Father	(c) Number of children born To be answered only in case of stillbirth	(d) Sex Mother	(e) Date of Birth, <u>Feb. 14, 1943</u> (Name of Month, Day, Year)
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MOTHER.

(f) Name before marriage	<u>Draggi Remick</u>
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(g) Present name of mother	<u>Art Carmel</u>
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(h) Color or Race	(i) Age at last birthday <u>36</u> (Years)
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(j) Birthplace	<u>Draggi</u>
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(k) Occupation	<u>Aiken Co</u>
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(l) Domestic	<u>Domestic</u>
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(m) Number of children born to mother, including present birth	<u>9</u>
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(n) Number of children of the mother now living, including present birth	<u>8</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(o) I hereby certify that I attended the birth of this child, who was a girl, at 11:45 P.M. on Feb. 14, 1943, 3 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(p) (Signature)	<u>Jera Haskell</u>	(q) Address of Physician or Midwife
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(r) State where physician or midwife	<u>South Carolina</u>	<u>Midwife</u>
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(s) Witness

(Signature of Witness necessary only
when question 33 is signed by mark)

(t) Date Feb. 14, 1943. (u) Local Registrar

Any physician, dentist, druggist, hospital, hospital-keeper, etc., should make this return.
Each physician should file one return. No report is desired of stillbirths.
Return only when there is change of pregnancy.

CERTIFICATE OF MOTHER

REGISTRATION
2624