

(1) PLACE OF BIRTH

County of Aiken
 Township of Millbrook
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 207

File No.—For State Registrar Only

26868

Registered No. 87
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert A. Kisson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet Single (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept - 9 - 23
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Earl A. Kisson (14) NAME BEFORE MARRIAGE James W. Widener

(9) PRESENT POSTOFFICE OF FATHER Aiken S.C. (15) PRESENT POSTOFFICE OF MOTHER Aiken S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Year) (Year)

(12) BIRTHPLACE Aiken Co S.C. (18) BIRTHPLACE Aiken Co S.C.

(13) OCCUPATION Farming (19) OCCUPATION Housewife

(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 alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. N. Widener (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Sept 15 - 23 (28) H. N. Cook 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.