

(1) PLACE OF BIRTH

County of Aiken

Township of .....

Inc. Town of .....

City of Aiken (No. 12, 15 St.; Harrison 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.—For State Registrar Only

71062

(2) Full Name of Child Allie Luminus Matthews } 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 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH August 12, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Luminus Matthews(9) PRESENT POSTOFFICE OF FATHER Aiken, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Saluda S.C.(13) OCCUPATION Butcher(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Cassie B. Burt(15) PRESENT POSTOFFICE OF MOTHER Aiken, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Edgefield, S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 11 o'clock M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lavie Harrison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Union St 1228 Aiken, S.C.

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 Aug 19, 191..... (28) Jno. B. HONTSON 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 OTHERS, No. 2, etc., in question 5.

McCauley of Columbia