

(1) PLACE OF BIRTH

County of Aiken
 Township of Wapenell
 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. 206 Registered No. 5
 (For use of Local Registrar)

File No.—For State Registrar Only
2872

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

(2) Full Name of Child Laurina Poole

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 8, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Phineas Poole MOTHER. (14) NAME BEFORE MARRIAGE Mary Martin

(9) PRESENT POSTOFFICE OF FATHER Perry (15) PRESENT POSTOFFICE OF MOTHER Perry

(10) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 33 (17) AGE AT LAST BIRTHDAY 24
 (Years) (Years)

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

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laurina Poole (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Perry S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 27, 1922 (28) Ed Paul 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.