

WRITE PLAINLY. WITH EXPANDING INK—THIS IS A PERMANENT RECORD.  
 B. 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 1.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Barnwell  
 Township of Richland  
 Inc. Town of .....  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 309 Registered No. 88  
 (For use of Local Registrar)

No. 1—For State Register  
**31782**

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

(2) Full Name of Child Aida Dela Price

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

(3) SEX OR CHILD girl (4) Type or Triplet To be answered only in case of Twins or Triplets (5) Are Parents Married yes (6) DATE OF BIRTH Nov. 23, 23  
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME James Price  
 (9) PRESENT RESIDENCE OF FATHER Barnwell  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23  
 (Year) (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Lumber  
 (14) Number of children born to mother, including present child 3

MOTHER.

(15) NAME BEFORE MARRIAGE Maria Wallace  
 (16) PRESENT RESIDENCE OF MOTHER Barnwell  
 (17) COLOR OR RACE negro (18) AGE AT LAST BIRTHDAY 21  
 (Year) (19) BIRTHPLACE S.C.  
 (20) OCCUPATION Lumber  
 (21) Number of children of this mother now living, including present child 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (23) (Signature) Carrie J. Smith (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Richland

Given name added from a supplemental report  
 19 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)  
 (27) Filed Dec 4, 23 (28) McPart

\*When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once. It must not be reported as stillborn. No report is desired before the fifth month of pregnancy.

FEET Y A F I L M