

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

File No. — For State Registrar Only

71151

(1) PLACE OF BIRTH

County of AikenTownship of Langleyor
Inc. Town ofor
City ofRegistration District No. 2122 Registered No.
 (For use of Local Registrar)City of St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child. Maggie Samuels { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>+</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 26</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Hesker Samuels(9) PRESENT POSTOFFICE OF FATHER Langley St(10) COLOR OR RACE colard (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Richmond Co Ga(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Bright(15) PRESENT POSTOFFICE OF MOTHER Langley St(16) COLOR OR RACE colard (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Aiken Co St(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.(23) (Signature) Martha + Johnson M.W.

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

Mid wife Langley StL.W. Spradley

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

(27) Filed Sept 4 1916 (28) F. H. Dowdy Local Registrar.

Given name added from a supplemental report

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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.

MARGEN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. WHEN FILING WITH LEADING INK—THIS IS A PERMANENT RECORD. 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 5.