

**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 Aiken  
 Township of Langley  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 2129 Registered No. ....  
 (For use of Local Registrar)  
 (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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 26 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Hesker Samuels</u>	(14) NAME BEFORE MARRIAGE <u>Emma Bright</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Langley St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Langley St</u>			
(10) COLOR OR RACE <u>colard</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>colard</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Richmond Co Ga</u>	(18) BIRTHPLACE <u>Aiken Co St</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House Wife</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

**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 Midwife (25) Address of Physician or Midwife Langley St  
 (26) Witness J. W. Spradley  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 4 1916 (28) J. H. Dowdy Local Registrar

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 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. WRITE PLAINLY WITH LEADING INK. 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. McChaw, of Columbia.