

MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Aiken
Township of Millbrook
or
Inc. Town of Aiken
or
City of

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

File No.—For State Registrar Only
24496

Registration District No. 207 Registered No. 37
(For use of Local Registrar)

(No. 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 David West { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph West
(9) PRESENT POSTOFFICE OF FATHER Aiken S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Edgefield, S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Clary Simmons
(15) PRESENT POSTOFFICE OF MOTHER Aiken, S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Bamberg, S.C.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife, Grace Jackson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Aiken, 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 Aug 10 1922 (28) F. H. Coats 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.