

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. AND MARK THE  
N. 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 8

(1) PLACE OF BIRTH

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

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

No. 30780

Registration District No. 000 Registered No. 50  
(For use of Local Registrar)

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

(2) Full Name of Child Philip James Widener If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Type or Triple - (5) Date of Birth 10/9 (6) DATE OF BIRTH 10-9  
(Name of Month) (Day) (Year)

FATHER.  
(7) FULL NAME P. W. Widener  
(8) PRESENT RESIDENCE OF FATHER Aiken S.C.  
(9) COLOR OR RACE W (10) AGE AT LAST BIRTHDAY 36  
(11) BIRTHPLACE Aiken Co. S.C.  
(12) OCCUPATION Farmer

MOTHER.  
(13) NAME BEFORE MARRIAGE Lily Kennedy  
(14) PRESENT RESIDENCE OF MOTHER same  
(15) COLOR OR RACE W (16) AGE AT LAST BIRTHDAY 33  
(17) BIRTHPLACE Pennell Co. P.S.  
(18) OCCUPATION house work  
(19) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) B. B. Widener

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Aiken S.C.

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 20 is signed by mother)

(25) Filed 10/15 19 20 (26) W. H. Widener Local Registrar

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