

(1) PLACE OF BIRTH

County of AikenTownship of Mill Brook

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
58329Registration District No. 207Registered No. 25
(For use of Local Registrar)(2) Full Name of Child Maude Baggott

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? Single(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 11 1916

(To be answered only in event of Twins or Triplets)

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Maude Hampton Baggott(9) NAME BEFORE MARRIAGE Jennie May Johnson(9) PRESENT POSTOFFICE OF FATHER Aiken(15) PRESENT POSTOFFICE OF MOTHER Aiken S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39 (Years)(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Aiken Co(18) BIRTHPLACE Aiken Co(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harry N. Wyman

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed April 15 1916

(28)

Registrar

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.