

## (1) PLACE OF BIRTH

County of Lexington  
 Township of Batesburg  
 or  
 Inc. Town of Batesburg  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31116

Registration District No. 31-A Registered No. 54  
 (For use of Local Registrar)

City of ..... (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 Frank L. Aldridge Jr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9-9-1922  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Frank L. Aldridge</u>	(14) NAME BEFORE MARRIAGE <u>Abelia Lilly</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Batesburg S.C.</u>	(16) COLOR OR RACE <u>White</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Batesburg S.C.</u>	(11) AGE AT LAST BIRTHDAY <u>32</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>	(18) BIRTHPLACE <u>Lexington S.C.</u>
(10) COLOR OR RACE <u>White</u>	(12) BIRTHPLACE <u>Lexington Co. S.C.</u>	(19) OCCUPATION <u>Housewife</u>	
(13) OCCUPATION <u>Rt Dealer</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 9/9/22 at 4 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) L. M. Mitchell  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Batesburg 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 Sept 11 1922 (28) J. L. Altman 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.

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.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING 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.

MEAD & COMPANY, COLUMBIA, S. C.

Form No. 5