

(1) PLACE OF BIRTH

County of AikenTownship of #Inc. Town of #City of Aiken S.C.

(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

71060

Registration District No. 2A Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child Jennie Eva Hays { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 1st 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles H. Hays(9) PRESENT POSTOFFICE OF FATHER Aiken, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Bamwell S.C.(13) OCCUPATION Machinist(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Myers(15) PRESENT POSTOFFICE OF MOTHER Aiken, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Bamwell S.C.(19) OCCUPATION House-keeper(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 o'clock M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lassie Harris, Midwife(24) State whether Physician or Midwife (25) Address of Physician or MidwifeMidwife Aiken, S.C.

Given name added from a supplemental report

, 191...

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

(27) Filed Aug 6 1916 (28) Sno. B. Poutson 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.

MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, then OTHER, No. 2, etc., in question 5.

McCauley, of Columbia

T Y A F I L M