

NOTE: 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 1.

(1) PLACE OF BIRTH . . .
County of Aiken
Township of . . .
or
Inc. Town of . . .
City of Aiken (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 2 A Registered No. 15
(For use of Local Registrar)
(2) Full Name of Child Helen Mc Innis Caranell (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>girl</u>	(4) Type or <u>Female</u>	(5) Number in order of birth <u>1</u>	(6) Age Months <u>23</u>	(7) DATE OF BIRTH <u>Feb 2 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Alex Caranell</u>			(14) NAME BEFORE MARRIAGE <u>Caroline McDaniel</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Aiken P.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Aiken S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)	
(12) BIRTHPLACE <u>Pa</u>		(18) BIRTHPLACE <u>Pa</u>		
(13) OCCUPATION <u>Builder</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was . . . born alive . . . at 11 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) [Signature]
(24) State whether Physician or Midwife mid (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 22 is signed by mark)
(27) Filed 2/26/23 (28) [Signature] 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 shall not be reported as stillborn. No report is needed of stillbirths before the fifth month of pregnancy.