

## (1) PLACE OF BIRTH

County of *Chester*Township of *Lewisville*

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3635

Registration District No. *1106*Registered No. *23*

(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 *Emma Aldridge* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

*Girl*

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

*June 25 22*  
(Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*George Aldridge*

(9) PRESENT POSTOFFICE OF FATHER

*Rodman #1*

(10) COLOR OR RACE

*Negro*

(11) AGE AT LAST BIRTHDAY

*52*  
(Years)

(12) BIRTHPLACE

*Faifield Co. Sc.*

(13) OCCUPATION

*Farmer*

(20) Number of children born to mother, including present birth

*11*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Emma Jane Boulton*

(15) PRESENT POSTOFFICE OF MOTHER

*Rodman #1*

(16) COLOR OR RACE

*Negro*

(17) AGE AT LAST BIRTHDAY

*45*  
(Years)

(18) BIRTHPLACE

*Sc.*

(19) OCCUPATION

*Domestic*

(21) Number of children of this mother now living, including present birth

*8*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *12* M., on the date above stated. (Born *stillborn*) (Hour, A. M. or P. M.)

(23) (Signature),

*Emma Wood*

(24) State whether Physician or Midwife

*Midwife*

(25) Address of Physician or Midwife

*Rodman Sc.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "stillborn")

(27) Filed

*7/26 22*

(28)

*J. H. Hall*  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, or 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.