

(1) PLACE OF BIRTH

County of AikenTownship of Aiken

Inc. Town of

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

Registration District No. 200

File No. — For State Registrar Only

12575

Registered No. 26
(For use of Local Registrar)(2) Full Name of Child Lain Azalee Plunkett

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

3) BOY OR GIRL? Girl4) Twin or Triplet? -5) Number in order of birth -6) Are Parents Married? yes7) DATE OF BIRTH 5/1 19 23
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Martin Plunkett9) PRESENT POSTOFFICE OF FATHER Aiken, S.C. Rt 210) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 30
(Years)12) BIRTHPLACE Aiken Co S.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Maggie Davis15) PRESENT POSTOFFICE OF MOTHER Aiken S.C. Rt 216) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 20
(Years)18) BIRTHPLACE Aiken Co S.C.19) OCCUPATION House wife21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aiken 11:30 P.M.,
on the date above stated. (Born alive or stillborn (Hour M. or P. M.))(23) (Signature) B. J. Edwards(24) State whether Physician or Midwife midwife(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 23 is signed by mark)

(27) Filed 5/10 19 23 (28) M. Ashford 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.

Registrar 1

Local Registrar.

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