

(1) PLACE OF BIRTH

County of Aiken

Township of

Sec. Town of

City of Aiken

(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

Department of Vital Statistics

State Board of Health

Registration District No. 2A

Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Harrell Mack

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

(3) SEX Male (4) TIME 11:00 AM (5) MONTH April (6) DAY 4 (7) YEAR 1911

FATHER
(1) NAME John Mack
(2) SURNAME Johnston
(3) COLOR Colored (4) AGE AT LAST BIRTHDAY 33
(5) BIRTHPLACE Aiken
(6) OCCUPATION Farmer
(7) Number of children born to mother, including present one Four

MOTHER
(1) NAME BEFORE MARRIAGE Margaret Williams
(2) SURNAME Aikens
(3) COLOR Colored (4) AGE AT LAST BIRTHDAY 19
(5) BIRTHPLACE Aiken
(6) OCCUPATION House Work
(7) Number of children of this mother now living, including present one Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (How A. M. or P. M.)

(29) (Signature) Maria Baker

(30) State whether Physician or Midwife (31) Address of Physician or Midwife

Midwife Maria Baker 813 Sutter St

Given name added from a supplemental report

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(32) Where

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