

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, use a SEPARATE BLANK for each child, and prefix the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Aiken

Township of Aiken

Inc. Town of \_\_\_\_\_  
or \_\_\_\_\_

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

File No. For State Registrar Only  
58285

Registration District No. 200X Registered No. 4

(For use of Local Registrar)

(2) Full Name of Child Revelat Chagie { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? 308 (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth 1 (6) Are Parents Married? 308 (7) DATE OF BIRTH April 29 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Revelat Chagie

(9) PRESENT POSTOFFICE OF FATHER Aiken S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Aiken, S.C.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Alafar Remick

(15) PRESENT POSTOFFICE OF MOTHER Aiken S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Aiken, S.C.

(19) OCCUPATION farmer's wife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7 P.M. 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Collins

(24) State whether Physician or 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 5/13/1916 (28) Franklin Toole 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.

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