

(1) PLACE OF BIRTH

County of Orangeburg
Township of Edisto

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 HealthFile No.—For State Registrar Only
50090Registration District No. 3603 Registered No. 6
(For use of Local Registrar)

St.: Ward:

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

(2) Full Name of Child Nathaniel Aubrey(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Curtis Aubrey(9) PRESENT POSTOFFICE OF FATHER Coke S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Turner(15) PRESENT POSTOFFICE OF MOTHER Coke S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) 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 born alive at H. A. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) H. A. M.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Coke S.C.

Given name added from a supplemental report

Sept 10 1916W. H. Miller Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 17 1916 (28) W. H. Miller 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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