

Form No. 10.  
WHILE PLAINLY, WITH ENCASED INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Sumter

Township of Providence

or  
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

50584

Registration District No. 4105

Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child T. O. Aaron Jr.

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Yes (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 9 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME T. O. Aaron Sr.

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

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Iron Hand

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Barbara Givings

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

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Hester M. Bullard

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

191....

Registrar

(26) Witness Mrs Eva Burkette

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

(27) Filed Feb 12 1916 (28) W. M. Laughlin 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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