

(1) PLACE OF BIRTH

County of FairfieldTownship of 14

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

File No.—For State Registrar Only

42765

Registration District No. 1913 Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child Aazel Bass

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

(3) BOY OR GIRL? Bo

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 2

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lemie Bass

(9) PRESENT POSTOFFICE OF FATHER

Winnabow, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21 (Years)

(12) BIRTHPLACE

Fairfield Co., S.C.

(13) OCCUPATION

Mill Operative

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

1

MOTHER.

(15) NAME BEFORE MARRIAGE

Alise Mitchell

(16) PRESENT POSTOFFICE OF MOTHER

Winnabow, S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

21 (Years)

(19) BIRTHPLACE

Fairfield Co., S.C.

(20) 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 (Born alive or stillborn) Hour 7:30 A. M. or P. M.

on the date above stated.

(23) (Signature)

Mrs. J. O. A. Kingard

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Winnabow, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 5 1915(28) J. H. Kingard 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.

*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.

1. In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and answer the FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc. in question 2.