

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**54330**

(1) PLACE OF BIRTH  
 County of Aiken  
 Township of Milbrooks  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

Registration District No. 207 Registered No. 21  
 (For use of Local Registrar)  
 St.; \_\_\_\_\_ Ward  
 (No. .... instead of street and number.)

(2) Full Name of Child Anderson, Senour } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Single</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>27</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Senour</u>			(14) NAME BEFORE MARRIAGE <u>Annie Belle Kneese</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Aiken</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Aiken</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Aiken County</u>		(18) BIRTHPLACE <u>Aiken County</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 11. S. Adams Ave. (Born alive or stillborn) (Hour, A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Suzanne Kneese (25) Address of Physician or Midwife Aiken, S. C.

(24) State whether Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_ 1916 \_\_\_\_\_ Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
F. N. Cook  
 (27) Filed April 5, 1916. (28) \_\_\_\_\_ 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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MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH UNFADING 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.