

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN 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 8.

(1) PLACE OF BIRTH

County of Aiken
 Township of Windsor
 or
 Inc. Town of.....
 or
 City of.....

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

Registration District No. 2/51

No. 30778

Registered No. 5551
 (For use of Local Registrar)

(2) Full Name of Child

Aida May Raper
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (3) SEX OR CHILD Girl (4) Type or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 10-11-23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Raper
 (9) PRESENT RESIDENCE OF FATHER 3270 White Pond, S. C. 1644 L
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50
 (12) BIRTHPLACE Aiken Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Black Barton
 (15) PRESENT RESIDENCE OF MOTHER 3270 White Pond, S. C. 1644 L
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 48
 (18) BIRTHPLACE Aiken Co
 (19) OCCUPATION Farmer
 (20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Aida at 11 A.M.
 on the date above stated. (Mark alive or stillborn) (Hour A. M. or P. M.)
 (22) (Signature) Ella Williams
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplementary report

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

(26) Signed 10-15-23 (27) E. L. Wicks 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.