Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
71100

(1) PLACE OF BIRTH
County of Aiken
Township of Th 9
or
Inc. Town of ..... Registration District No. 309 Registered No. 17 (For use of Local Reistrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child E. V. Profit { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)
(5) Number in order of birth
(6) Are Parents Married? yes
(7) DATE OF BIRTH June 10, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mulledge Profit
(9) PRESENT POSTOFFICE OF FATHER Salley
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Aiken Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Della Salley
(15) PRESENT POSTOFFICE OF MOTHER Salley - S/C
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Aiken Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Matilda Haynes
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Salley. S/C

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness S. C. Jones (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 10 1916 (28) S. C. Jones 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.

MAYOR OF ..... FOR BINDING.
..... WITH UNGUMMED EDGE—THIS IS A PRIVATE RECORD.
..... OR TRIPLETS ..... PLACE ..... SEPARATE ..... SEPARATE ..... SEPARAT