

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 8.

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

File No. — For State Registrar Only
58283

(1) PLACE OF BIRTH
County of Aiken
Township of Aiken
or
Inc. Town of
or
City of Aiken S.C. Registration District No. 200 Registered No. 9
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 2, 1916
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Henny Bethus Nicholas (14) NAME BEFORE MARRIAGE Ruth Easter Carter
(9) PRESENT POSTOFFICE OF FATHER Aiken S.C. (15) PRESENT POSTOFFICE OF MOTHER Aiken S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22
(12) BIRTHPLACE Edgefield S.C. (18) BIRTHPLACE Aiken S.C.
(13) OCCUPATION Farm Sept (19) OCCUPATION Teacher
(20) Number of children born to mother, including present birth one (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at March 13, 1916,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. W. Inmanine Murphree
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Aiken S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 5/29/1916

(28)

Frankton Cook
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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