

MARGIN RESERVE FOR BINDING.
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 9652	
County of <i>Aiken</i>		Registration District No. <i>201</i>		Registered No. <i>13</i>	
Township of <i>Toluwassie</i>		(For use of Local Registrar)			
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					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>—</i>	(5) Number in order of birth <i>—</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>May 27, 1922</i>	
To be answered only in event of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <i>Wesley Livingston</i>			(14) NAME BEFORE MARRIAGE <i>Beulah Carlisle</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Fitchings Mills S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Fitchings Mills S.C.</i>		
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>		
(11) AGE AT LAST BIRTHDAY <i>44</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>43</i> (Years)		
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE <i>S.C.</i>		
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Housewife</i>		
(20) Number of children born to mother, including present birth <i>11</i>			(21) Number of children of this mother now living, including present birth <i>10</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>7 P.M.</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>W. W. Black</i>			(25) Address of Physician or Midwife <i>Fitchings Mills S.C.</i>		
(24) State whether Physician or Midwife <i>Physician</i>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
			(27) Date <i>Apr 11 1922</i>		
			(28) <i>J. E. Courtney</i> 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.					