

(1) PLACE OF BIRTH

County of SaludaTownship of no 1

Eas. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA

BUREAU OF VITAL STATISTICS

State Board of Health

Registration District No. 3904Registration No. 21

FILE NO. - 42590 X

(2) Full Name of Child Clarence E. Aull

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

(3) SEX OF CHILD Boy(4) TIME OF BIRTH one(5) NUMBER OF CHILDREN BORN TO MOTHER 5(6) AGE OF CHILD you(7) DATE OF BIRTH Oct 15 28(8) FULL NAME OF FATHER Clarence Jacob Aull(9) NAME BEFORE MARRIAGE Clarence Jacob Redenbacher(10) PRESENT POSTOFFICE OF FATHER Lusville S.C. R.F.D. No 6(11) PRESENT POSTOFFICE OF MOTHER Lusville S.C. R.F.D. No 6(12) COLOR OF RACE White(13) COLOR OF RACE White(14) BIRTHPLACE Saluda County(15) BIRTHPLACE Saluda County(16) OCCUPATION Mail Carrier & Farmer(17) OCCUPATION Housewife(18) Number of children born to mother, including present birth 5(19) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Mark alive or stillborn) (Mark A. M. or P. M.)(21) (Signature) J. S. Sharr(22) State whether Physician or Midwife (23) Address of Physician or Midwife Lusville S.C.

Given name added from a supplemental report

Mar 15 1924J. Furey

(24) Witness (Signature of Witness necessary only when question 20 is signed by mark)

(25) Filed Oct 14 1928 (26) A. S. P. H. H. H. 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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