

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
OFFICE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Aiken
Township of Aiken S.C.
or
Inc. Town of
or
City of Aiken

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

File No.—For State Registrar Only
13378

Registration District No. 2. A. Registered No. 2. 3.
(For use of Local Registrar)

(2) Full Name of Child Rockie Peterson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRLY girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 8 1922
(To be answered only in event of Twin or Triplet)

FATHER.
(8) FULL NAME David Tom
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Katie bell Sumpter
(15) PRESENT POSTOFFICE OF MOTHER Aiken S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Years) 19
(18) BIRTHPLACE Aiken, S.C.
(19) OCCUPATION Laundress
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Marion Baker (Born alive or stillborn) (Hour A. M. or P. M.) 8:00 PM
on the date above stated.
(23) (Signature) Mid Wife Sumpter
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 813

Given name added from a supplemental report
18 Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)
(27) Filed May 15 1922 (28) J. H. Ashcraft Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return if a child breather even once. It must not be reported as stillborn. No report is desired at all until the before the fifth month of pregnancy.
J. H. Ashcraft