

(1) PLACE OF BIRTH *701 B*

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

(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

24492

County of *Aiken*

Township of *Hope Well*

or

Inc. Town of

or

City of

Registration District No. *206*

Registered No. *11*

(For use of Local Registrar)

(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 *Esther Starns*

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

(3) BOY OR GIRL?

girl

(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 *Aug. 1* 19*22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Esther Starns

(9) PRESENT POSTOFFICE OF FATHER

North

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

2
(Years)

(12) BIRTH-PLACE

Aiken County

(13) OCCUPATION

farmer

(20) Number of children born to mother, including present birth

1 3

MOTHER.

(14) NAME BEFORE MARRIAGE

Mia Jackson

(15) PRESENT POSTOFFICE OF MOTHER

North

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTH-PLACE

Aiken County

(19) OCCUPATION

farming

(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 *Born alive* at *8* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Narciss Gorden

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Perry

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 11 1922

(28)

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.