

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 5.

## (1) PLACE OF BIRTH

County of Aiken  
Township of Windsor  
or  
Inc. Town of.....  
or  
City of.....

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

Registration District No. 216 Registered No. 100  
(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 William General If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 12 25 1911  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Will not give name of father  
(9) PRESENT POSTOFFICE OF FATHER 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 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Lynne Travel

(15) PRESENT POSTOFFICE OF MOTHER White Pond

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Aiken Co

(19) OCCUPATION field work

(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Travel's (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Windsor

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 25 is marked by mark)

(27) Filed 12-30-1911 Windsor Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, or other person should make this return. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirths before the fifth month of pregnancy.