

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 3.—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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File For State Registrar Only	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		40553	
Township of		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of <u>Aiken</u>		Registration District No. <u>2 A</u>		Registered No. <u>72</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Hennetta Hightower</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 23 1922</u>	
FATHER			MOTHER		
(8) FULL NAME <u>Alex Hightower</u>			(14) NAME BEFORE MARRIAGE <u>Matie Jones</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Aiken SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Aiken SC</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)		
(12) BIRTHPLACE <u>Aiken SC</u>			(18) BIRTHPLACE <u>Edgefield SC</u>		
(13) OCCUPATION <u>Brick mason</u>			(19) OCCUPATION <u>Cook</u>		
(20) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>13</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Maria Baker</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>8/35 Sumter St</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>12/30/22</u> (28) <u>M. D. Ashurst</u> 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.					

per H. B. Ashurst