

(1) PLACE OF BIRTH

County of *Edgelyfield*

Township of *North Augusta*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

48907

Registration District No. *47* Registered No. *1886*

(For use of Local Registrar)

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

(2) Full Name of Child *Frederic Aldread* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *None* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 1st 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *John Aldread*

(9) PRESENT POSTOFFICE OF FATHER *North Augusta*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *35* (Years)

(12) BIRTHPLACE *Edgelyfield*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie Midchum*

(15) PRESENT POSTOFFICE OF MOTHER *North Augusta*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *35* (Years)

(18) BIRTHPLACE *Edgelyfield*

(19) OCCUPATION *Homemaker*

(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 *9 o'clock* A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Harriet P. Pearson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
, 191...
 Registrar

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

(27) Filed *Feb 7* 1916. (28) *Mrs. J. P. Timmerman* 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.