

## (1) PLACE OF BIRTH

County of AikenTownship of Windsor

Inc. Town of .....

City of .....

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

## (2) Full Name of Child

Sex girlAge 16Date of Birth Oct 13 1913Place of Birth WindsorColor ColoredBirthplace AikenOccupation FarmingNumber of children born to mother 14Signature of Parent or Guardian James W. ScottSignature of Physician or Midwife Midwife Josephine KellingAddress of Physician or Midwife WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian WindsorAddress of Parent or Guardian Windsor

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District NorthNo. 16. - For this register only  
**30775** XRegistered No. 53  
(For use of Local Registrar)St. 13 Ward 13

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

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MOTHER'S NAME FOR INDEXING.

MOTHER'S NAME FOR INDEXING. WITH VARIOUS INDEXES IN A PERMANENT RECORD.

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