

(1) PLACE OF BIRTH

County of AikenTownship of Windsoror
Inc. Town ofor
City of(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 Thomas Celeste Aiken If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 4-26-23
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME John D. Aiken(9) PRESENT POSTOFFICE OF FATHER Bridges Springs(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39
(Year)(12) BIRTHPLACE Aiken Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8MOTHER.
(14) NAME BEFORE MARRIAGE Eva Turner(15) PRESENT POSTOFFICE OF MOTHER Bridges Springs(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35
(Year)(18) BIRTHPLACE Aiken Co., S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. J. Perryman, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bridges Springs

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed May 10, 1923 (28) H. E. Deuch 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.

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.