

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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		17344	
Township of <u>Mill Brook</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>207</u>		Registered No. <u>26</u>	
or				(For use of Local Registrar)	
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 <u>W. S. Hassam</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1/1</u>	(5) Number in order of birth <u>Single</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 12, 1922</u>	
To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER.			MOTHER.		
(8) FULL NAME <u>Wilson Hassam</u>			(14) NAME BEFORE MARRIAGE <u>Miss Anna Louise</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Aiken S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Aiken S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>38</u>		
(11) AGE AT LAST BIRTHDAY <u>45</u>			(18) BIRTHPLACE <u>Aiken Co S.C.</u>		
(12) BIRTHPLACE <u>Aiken Co S.C.</u>			(19) OCCUPATION <u>Housewife</u>		
(13) OCCUPATION <u>Farmer</u>					
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>1 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>N. A. Widener</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 Registrar			(27) Filed <u>June 15, 1922</u> (28) <u>W. H. C. Smith</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.					