

(1) PLACE OF BIRTH

County of

Richland

Township of

or
Inc. Town ofor
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

Emily Aull

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91510

Registration District No.

38a

Registered No.

1577

(For use of Local Registrar)

St.; 4 Ward

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

✓

(5) Number in order of birth

✓

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec. 13, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Luther Aull

(9) PRESENT POSTOFFICE OF FATHER

1032 Elmwood Dr
Columbia SC.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

Newbury, SC.

(13) OCCUPATION

Linotype Operator

MOTHER.

(14) NAME BEFORE MARRIAGE

Chita Davidson

(15) PRESENT POSTOFFICE OF MOTHER

1032 Elmwood Dr
Columbia SC.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

Newbury SC.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was

born

at

445 A. M.

on the date above stated.

(23) (Signature)

James H. A. A. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician 1501 Lady St

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filled

12/15/16

191...

(28)

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.

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