

(1) PLACE OF BIRTH

County of Aiken
 Township of Langley
 or
 Inc. Town of
 or
 City of Near Langley (No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

17374

Registration District No. 21.7.0 (Registered No. 3.7.....
 (For use of Local Registrar)

(2) Full Name of Child Willie Franklin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 23, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Franklin

(9) PRESENT POSTOFFICE OF FATHER Langley St

(10) COLOR OR RACE biolor (11) AGE AT LAST BIRTHDAY 25.....
 (Years)

(12) BIRTHPLACE Virginia

(13) OCCUPATION Chalk Bed work

(20) Number of children born to mother, including present birth 1 ✓

MOTHER.

(14) NAME BEFORE MARRIAGE alice Butler

(15) PRESENT POSTOFFICE OF MOTHER Langley St

(16) COLOR OR RACE biolor (17) AGE AT LAST BIRTHDAY 21.....
 (Years)

(18) BIRTHPLACE Aiken Co St

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1 ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mattie + Stephens

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

Given name added from a supplemental report

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

(27) Filed June 29, 1922 (28) L. W. Shredley 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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