

## (1) PLACE OF BIRTH

County of Allen  
 Township of Baldor  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. for State Registrar Only  
**19713**

Registration District No. 4602 Registered No. 40  
 (For use of Local Registrar)

(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 Mary Aiken Major

1) BOY OR GIRL girl 2) Twin or Triplet? No 3) Number in order of birth 1 4) Are Parents Married? yes 5) DATE OF BIRTH July 29, 1923  
 (Name of Month) (Day) (Year)

FATHER FULL NAME Paul Major MOTHER NAME BEFORE MARRIAGE Mary Aiken

PRESENT POSTOFFICE OF FATHER Martins SC PRESENT POSTOFFICE OF MOTHER Martins SC

10 COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43 (12) COLOR OR RACE negro (13) AGE AT LAST BIRTHDAY 37  
 (Year) (Year)

12 BIRTHPLACE SC 14 BIRTHPLACE SC

15 OCCUPATION Farming 16 OCCUPATION Farming

20 Number of children born to mother, including present birth 4 21 Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 A.M.,  
 on the date above stated. (If not alive or stillborn, Hour, M. or P. M.)

(23) (Signature) L. H. Harrison (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Martins SC

Given name added from a supplemental report

(26) Witness Mrs. J. Williams (Signature of Witness necessary only when question 23 is signed by physician)

(27) Filed July 31, 1923 (28) F. H. Boyd MD 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.