

THIS IS A PERMANENT RECORD. IN THE 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 1.

(1) PLACE OF BIRTH
 County of Aitken
 Township of
 or
 Inc. Town of
 or
 City of Aiken (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

No. 48 — For State Registrar Only
 Registered No. 4
 (For use of Local Registrar)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Type of Triplet To be answered only in event of Triplet	(5) Number in order of birth	(6) Are Crutch Markers <u>yes</u>	(7) DATE OF BIRTH <u>June 24, 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Spz Gould</u>	(10) NAME BEFORE MARRIAGE <u>Fannie Odessa</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Aiken S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Aiken S.C.</u>
(12) COLOR OR RACE <u>B</u>	(13) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(14) COLOR OR RACE <u>B</u>	(15) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(16) BIRTHPLACE <u>S.C.</u>	(17) OCCUPATION <u>Farming</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>house work</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Aitken at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) [Signature]
 (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 mother)
[Signature]
 (27) Filed 129 1923 (28) [Signature] Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the return. If a child breathes even once, it must not be reported as stillborn. No report is desired or stillborn before the fifth month of pregnancy.

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McLean of Columbia, Columbia, S. C.