

Form No. 3

(1) PLACE OF BIRTH

County of Ortg
 Township of Ellen
 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

31627

Registration District No. 3625Registered No. 95
(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 Alfred Aiken

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 30 19 24
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Aiken(9) PRESENT POSTOFFICE OF FATHER Parent S.C.(10) COLOR OR RACE Wg (11) AGE AT LAST BIRTHDAY 60 (Year)(12) BIRTHPLACE Ortg. Co. S.C.(13) OCCUPATION San Mill House

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Aiken(15) PRESENT POSTOFFICE OF MOTHER Parent S.C.(16) COLOR OR RACE Wg (17) AGE AT LAST BIRTHDAY 35 (Year)(18) BIRTHPLACE Ortg. Co. S.C.(19) OCCUPATION Farmer wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alfred at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Aiken(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife For list

Given name added from a supplemental report

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

(27) Filed Oct 9 19 24 (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.