

(1) PLACE OF BIRTH

County of Aiken

Township of

Inc. Town of

City of

(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

File No.—For State Registrar Only

58361

Registration District No. 215 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Murle Stanley 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 32 (6) Are Parents Married? yes (7) DATE OF BIRTH April 12 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George W. Stanley(9) PRESENT POSTOFFICE OF FATHER Windsor(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Rachal Wade(15) PRESENT POSTOFFICE OF MOTHER Windsor(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) 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 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife Windsor S.C.

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

Ann Stanley

Given name added from a supplemental report

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

(27) File May 20 1916 (28) O. W. Weeks 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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