

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Aiken
Township of _____
or
Inc. Town of Wagner
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health
Registration District No. 203

FILE No.—For State Registrar Only

00127

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

Dock Willie Kitchening

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

3. Boy or Girl Boy If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? Yes 8. Date of birth Nov. 23, 1916
(Month, day, year)

9. Full name Leroy Kitchening FATHER

18. Name before marriage Mattie Kitchening MOTHER

10. Residence (mailing address) Wagner, S.C.
(If non-resident, give place and State)

19. Residence (mailing address) Wagner, S.C.
(If non-resident, give place and State)

11. Color or race Col. 12. Age at child's birth 21 (years)

20. Color or race Col. 21. Age at child's birth 19 (years)

13. Birthplace (city or place) Wagner, S.C.
(State or country)

22. Birthplace (city or place) Wagner, S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months weeks _____ 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at alive m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report _____
(Date of)

(Signed) Mattie Kitchening Parent

or _____ Guardian

Address Wagner, S.C.

Filed May 25, 1943 M. B. Woodward, M.D.
Registrar.