

(1) PLACE OF BIRTH

County of Aiken

Township of

or Town of

City of Aiken

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD <u>Girl</u>	(4) Age or Year <u>2</u>	(5) Number in order of birth <u>1</u>	(6) Is child living <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 26, 28</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Early West</u>	(10) BIRTH BEFORE MARRIAGE	(9) FULL NAME <u>Paul Mitchell</u>	(10) BIRTH BEFORE MARRIAGE
(9) PRESENT RESIDENCE OF FATHER <u>Aiken S.C.</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Aiken S.C.</u>	(10) PRESENT RESIDENCE OF MOTHER	(10) PRESENT RESIDENCE OF MOTHER
(11) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>24</u>	(11) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>18</u>
(12) BIRTHPLACE <u>Edgefield Co. S.C.</u>	(12) BIRTHPLACE	(12) BIRTHPLACE <u>Edgefield Co. S.C.</u>	(12) BIRTHPLACE
(13) OCCUPATION <u>Teacher</u>	(13) OCCUPATION	(13) OCCUPATION <u>Housewife</u>	(13) OCCUPATION
(14) Number of children born to mother, including present birth <u>1</u>	(14) Number of children born to mother, including present birth	(14) Number of children born to mother, including present birth <u>1</u>	(14) Number of children born to mother, including present birth

(15) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Normative or stillborn) (Hour A.M. or P.M.)(16) (Signature) D. J. Young (17) State whether Physician or Midwife (18) Address of Physician or Midwife Aiken S.C.

Given name added from a supplemental report	(19) Witness (Signature of Witness necessary only when question 18 is signed by mark)
(20) Signed <u>2/26/28</u> (21) <u>M. Mitchell</u> 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. Dr. H. H. Young