

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY. WITH UNFADING INK—USE IN A PERMANENT RECORD.
In 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 Aiken

Township of
or
Inc. Town of
or
City of Aiken

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

3071

Registration District No. 22 Registered No. 42
(For use of Local Registrar)

(2) Full Name of Child Ellen C. Channel
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed.

(3) SEX girl (4) Type yes (5) Number to yes (6) DATE OF BIRTH Oct 1, 1923
To be reported only in case of Twin or Triplets

FATHER
(7) NAME George Channel
(8) RESIDENCE Aiken S.C.
(9) COLOR Colored (10) AGE 30
(11) BIRTHPLACE Shenandoah S.C.
(12) OCCUPATION Farming
(13) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Ella White
(15) RESIDENCE Aiken S.C.
(16) COLOR Colored (17) AGE 16
(18) BIRTHPLACE Aiken S.C.
(19) OCCUPATION Farming
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was at 120 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(22) (Signature) Maria Baker
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Aiken S.C.

Given name added from a supplementary report
(25) Witness
(26) Signed 12/15/23 (27) Local Registrar W. H. H. H.

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