

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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Anderson</u>		STATE OF SOUTH CAROLINA		40832	
Township of <u>Cramer</u>		Bureau of Vital Statistics			
Inc. Town of <u>Irma S.C.</u>		State Board of Health			
City of .....		Registration District No. <u>304</u>		Registered No. <u>33</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Clarence Hugh Aycock</u> child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>L</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>L</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 5</u> , 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Lillian Aycock</u>			(14) NAME BEFORE MARRIAGE <u>Myrtle Geneva Wellons</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Irma S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Irma S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>Georgia</u>			(18) BIRTHPLACE <u>Georgia</u>		
(13) OCCUPATION <u>Weaver Cotton Mill</u>			(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>C. H. Bristow M.D.</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Irma S.C.</u>					
Given name added from a supplemental report			(26) Witness .....		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>Dec 29</u> , 19 <u>22</u>		
Registrar			(28) <u>J. Mc Adams</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.