

MARGIN RESERVED FOR BINDING.  
PLAINLY WITH UNFADING INK—THIS IS 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 5.  
County of Columbia

CERTIFICATE OF BIRTH			
STATE OF SOUTH CAROLINA.			
Bureau of Vital Statistics			
State Board of Health			
(1) PLACE OF BIRTH County of <u>Aiken</u> Township of <u>Rocky Spring</u> or Inc. Town of _____ or City of _____ (If birth occurs in a hospital or other institution give name of same instead of street and number.)		File No.—For State Registrar Only <u>71141</u>	
(2) Full Name of Child <u>S. D. Badgett</u>		Registration District No. <u>716</u> Registered No. <u>73</u> (For use of Local Registrar) St.; _____ Ward _____	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parent Married <u>Yes</u>
FATHER.		MOTHER.	
(8) FULL NAME <u>James Badgett</u>		(14) NAME BEFORE MARRIAGE <u>Barbara Miller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Beale S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Beale S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Beale S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farm</u>		(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>2</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>2:30</u> P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)			
(23) (Signature) <u>Martha Miller</u>			
(24) State whether Physician or Midwife (25) Address of Physician or Midwife			
Given name added from a supplemental report _____, 191____ _____ Registrar		(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>8-7-1916</u> (S) <u>S. D. Badgett</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.