

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71141

(1) PLACE OF BIRTH

County of Aiken

Township of Rocky Spring

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.)

Registration District No. 216

Registered No. 73

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child. S. D. Badgett

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1
To be answered only in event of Twins or Triplets

(6) Are Parent Married? Yes

(7) DATE OF BIRTH 8 3 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Badgett

(9) PRESENT POSTOFFICE OF FATHER Rocky Spring

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE Rocky Spring, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Pardee Miller

(15) PRESENT POSTOFFICE OF MOTHER Rocky Spring

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Rocky Spring, S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 2:00

(23) (Signature) Martha Miller

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness [Signature]

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8-7-1916 (28) S. D. Badgett 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.

MARGIN RESERVED FOR BINDING. MAINLY WITH UNBORN INFANTS IN 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 OTHERS, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.