

WRITE 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 2.

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

No. 2638 — For State Registrar Only
2638

(1) PLACE OF BIRTH
 County of Aiken
 Township of
 Inc. Town of
 City of Aiken

Registration District No. 2A Registered No. 13
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD <u>boy</u>	(4) Type of Twins <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Age at Birth <u>yr</u>	(7) DATE OF BIRTH <u>Feb 13, 1923</u> (Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>B W Ergle</u>		(9) NAME BEFORE MARRIAGE <u>Desire Vernon</u>		
(10) PRESENT RESIDENCE OF FATHER <u>Aiken S C</u>		(11) PRESENT RESIDENCE OF MOTHER <u>Aiken S C</u>		
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>29</u> (Year)	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>27</u> (Year)	
(16) BIRTHPLACE <u>S C</u>		(17) BIRTHPLACE <u>S C</u>		
(18) OCCUPATION <u>Books Keeper</u>		(19) OCCUPATION <u>house work</u>		
(20) Number of children born to mother, including present birth <u>4</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 born alive at 7 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. J. Merrill
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife

(Given name added from a supplemental report)
 (26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 2/20/23 (28) A. L. Ashurst Local Registrar

*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 stillborns before the fifth month of pregnancy.

See J. L. Ashurst