

(1) PLACE OF BIRTH

County of Aiken S.C.

Township of .....

Inc. Town of .....

City of Aiken

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Almusred Bailey



Registration District No. 2061

Registered No. 2061

For use of Local Registrar

(3) boy (4) yes (5) yes (6) yes (7) yes

FATHER  
(8) William Henry Bailey  
(9) Lamarcia L. G.  
(10) Colored (11) 40  
(12) Warrenton Va.  
(13) Valet  
(14) four

MOTHER  
(15) Fannie Wilson  
(16) Aiken S.C.  
(17) Colored (18) 40  
(19) Aiken, S.C.  
(20) Laundress  
(21) four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(23) (Signature) Maria Baker  
(24) State whether Physician or Midwife Midwife  
(25) Address of Physician or Midwife 813. S. 1st St.  
(26) Witness Maria Baker  
(27) Filed 9/27/1913  
(28) Registrar H. W. Baker

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.