

Form No. 1

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

MOBILE, S. C.

(1) PLACE OF BIRTH

County of Chester
Township of Lewisville
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only

3638

Registration District No. 1106 Registered No. 24
(For use of Local Registrar)

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

(2) Full Name of Child

Willie Aguirre

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

DATE OF BIRTH Feb 18 1922
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME

Morgan Aguirre

(8) PRESENT POSTOFFICE OF FATHER

Richburg

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

(12) BIRTHPLACE

Sc.

(13) OCCUPATION

Farm Laborer

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

4

MOTHER.

(14) FULL NAME

Laurie M. Cleather

(16) PRESENT POSTOFFICE OF MOTHER

Richburg S.C.

(18) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22

(19) BIRTHPLACE

Sc.

(19) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Wood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife J. B. Rodman S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/22/22

(28) J. B. Rodman

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.

Date of Death 12-13-92
DC # 124-92-308745
St Louis Missouri

L1354