

(1) PLACE OF BIRTH

County of Greenville

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42683

Registration District No. 2209 R Registered No. 521

(For use of Local Registrar)

(No. 9 Hatch St St.; Brandon Ward)

(2) Full Name of Child

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 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 2 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Earnest Aiken(9) PRESENT POSTOFFICE OF FATHER 9 Hatch St(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Left op.(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Crow(15) PRESENT POSTOFFICE OF MOTHER same(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:20 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) John B. Skill(24) State whether Physician or Midwife Phys.(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Date Dec 2 1922 (28) A. H. Mackey 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.

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