

(1) PLACE OF BIRTH

County of Aiken
 Township of Johns
 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
19635

Registration District No. 201 Registered No. 28
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH June 23, 1963
 To be answered only in event of Twin or Triplet (Month) (Day) (Year)

FATHER.

(8) FULL NAME Villard Lerley
 (9) PRESENT POSTOFFICE OF FATHER Springfield, S.C.
 (10) COLOR OR RACE Negro AGE AT LAST BIRTHDAY 40
 (11) BIRTHPLACE S.C.
 (12) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Harris
 (15) PRESENT POSTOFFICE OF MOTHER Springfield, S.C.
 (16) COLOR OR RACE Negro AGE AT LAST BIRTHDAY 36
 (17) BIRTHPLACE S.C.
 (18) OCCUPATION Housework

(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

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) M. A. Whitlock, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Livingston, Miss. S.C.

Given name added from a supplemental report

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

19 Registrar

(27) Filed July 10, 1963 (28) Mrs. J. C. Carlsby 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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