

(1) PLACE OF BIRTH

County of Aiken
Township of Mill Branch
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
2874

Registration District No. 207 Registered No. 6
(For use of Local Registrar)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH January 22
To be answered only in event of Twins or Triplets (Sex of Month) (Day) (Year)

FATHER.
(8) FULL NAME Robert Lee Key
(9) PRESENT POSTOFFICE OF FATHER Tallattee S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(12) BIRTHPLACE Aiken Co S C
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Rose Widner
(15) PRESENT POSTOFFICE OF MOTHER Tallattee S C
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(18) BIRTHPLACE Aiken Co S C
(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12⁰⁰ M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician Address of Physician or Midwife Aiken S C

Given name added from a supplemental report
.....
..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 15 1922 (28)
Registrar 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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MARGIN RESERVED FOR BINDING.
THIS TABLE, WITH DIRECTIONS THEREON, IS A NECESSARY BLANK FOR EACH CHILD, and mark the space for every child and a separate blank for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
MEDICAL COUNCIL, COLUMBIA, S. C.