

MARGIN RESERVED FOR INDEXING.
 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 2.

(1) PLACE OF BIRTH County of <u>Chesterfield</u> Township of <u>Chatham</u> or Inc. Town of <u>McBee</u> or City of _____ (No. _____ St.; _____ Ward) (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 <div style="border: 1px solid black; padding: 5px; display: inline-block;">7742</div>	
(2) Full Name of Child <u>Thelma Aldrich</u>		Registered No. _____ (For use of Local Registrar)			
(3) BOY OR GIRL?	(4) Pair or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 8</u> (Name of Month) (Day) (Year)	(8) If child is not yet named, make supplemental report as directed
FATHER.			MOTHER.		
(9) FULL NAME <u>Jack Aldrich</u>			(14) NAME BEFORE MARRIAGE <u>Elba Dixon</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>McBee S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>McBee S.C.</u>		
(11) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(12) BIRTHPLACE <u>Darlington</u>			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Kershaw</u>		
(19) OCCUPATION <u>Farmer</u>			(20) Number of children born to mother, including present birth <u>One</u>		
(21) Number of children of this mother now living, including present birth <u>Two</u>			(22) I hereby certify that I attended the birth of this child, who was <u>Born alive at 2. A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)		
(23) (Signature) <u>Annie Dixon</u>			(24) Address of Physician or Midwife <u>McBee S.C.</u>		
(25) State whether Physician or Midwife			(26) Address of Physician or Midwife		
Given name added from a supplement- al report.			(27) Witnesses _____ (Signature of Witnesses necessary only when question 25 is signed by mark)		
_____ 19____ Registrar			(28) _____ 19____ 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.					