

(1) PLACE OF BIRTH

County of Albany  
Township of Baldock  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

No. 4642 Registered No. 12  
2713  
(For use of Local Registrar)

Registration District No. 4642

Registered No. 12  
(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 Frank Aiken If child is not yet named, make supplemental report as directed

(a) SEX Male (b) Age 1 (c) Date of Birth Feb 23 1923  
(d) Bay (e) 210 (f) 1923

FATHER. MOTHER.  
(a) Full Name Willie Aiken (a) Full Name Lizzie Smith  
(b) Present Residence Martins (b) Present Residence Martins  
(c) Color White (c) Color White  
(d) Birthplace South Car (d) Birthplace South Car  
(e) Occupation Farm Labor (e) Occupation House Wife  
(f) Number of children born to mother, including present one 1 (f) Number of children of the mother now living, including present one 1

(23) I hereby certify that I attended the birth of this child, who was Alive at birth. (For A. M. or P. M.)

(24) Signature of Physician or Midwife W. B. Boyd (25) Address of Physician or Midwife Martins

(26) Signature of Registrar F. B. Boyd

(27) Signature of Parent F. B. Boyd

(28) Signature of Parent F. B. Boyd