

(1) PLACE OF BIRTH County of <u>Aiken</u> Township of <u>Mill Brook</u> 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.)		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>201</u>		File No.—For State Registrar Only <b>6280</b> Registered No. <u>18</u> (For use of Local Registrar) St.; ..... Ward	
(2) Full Name of Child <u>Nellie Mose</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>Singl</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 29 22</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>WOODROW Woodrow Mose</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Fannie Carter</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Aiken SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Aiken SC</u>		
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Aiken Co SC</u>			(18) BIRTHPLACE <u>Aiken Co SC</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was.... <u>Alive</u> ..... at <u>11</u> ..... A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>H. H. Widener</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
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 <u>Mar 29 22</u> (28) <u>H. H. Cook</u> 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.					

MACDONALD COLLEGE, COLUMBIA, S. C.