

(1) PLACE OF BIRTH

County of Leechman  
 Township of DeKalb  
 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

4677

Registration District No. 2701 Registered No. 31  
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 6 1922  
 To be answered only in case of Twins or Triplets (Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Aaron  
 (9) PRESENT POSTOFFICE OF FATHER Paul  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36  
 (Year) .....  
 (12) BIRTHPLACE Mo  
 (13) OCCUPATION laborer  
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annalia Aaron  
 (15) PRESENT POSTOFFICE OF MOTHER Paul  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 37  
 (Year) .....  
 (18) BIRTHPLACE Mo  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 a. M.  
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Martha Green  
 (24) State whether Physician or Midwife 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)

(27) Filed Feb 3 1922 (28) A. M. Green  
 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.

RECEIVED BY THE REGISTRAR OF THE STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. N. H.—In case of TWINS or TRIPLETS use a SEPARATE REPORT FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.