

(1) PLACE OF BIRTH

County of Aiken

Town/ship of

In Fl town ofCity Aiken

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24449

Registration District No. 2Registered No. 46

(For use of Local Registrar)

(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 William Henry Bailey Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 11, 1922</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Henry Bailey(9) PRESENT POSTOFFICE OF FATHER Saratoga Springs N.Y.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Newport News, Va.(13) OCCUPATION valet(20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Wilson(15) PRESENT POSTOFFICE OF MOTHER Aiken, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Aiken, S.C.(19) OCCUPATION Laundress(21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife 213 Hunter St

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mariah Baker (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 18, 1922 (28) H. Ashurst 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.