

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Columbia
 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

16503

Registration District No..... Registered No.....
 (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 Agness Aldman (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 10 May 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Aldman
 (9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 26
 (Years)
 (12) BIRTHPLACE Richland
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Sessler
 (15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23
 (Years)
 (18) BIRTHPLACE Richland
 (19) OCCUPATION Farming
 (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..... at..... M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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)

(27) Filed

(28)

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 5.

SALE OF COLUMBIA, COLUMBIA, S. C.