

(1) PLACE OF BIRTH

County of *Cherokee*

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

27590

Registration District No. *10a* Registered No. *172*

(For use of Local Registrar)

(No. St.; Ward)

(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?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

3

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH *Sept - 5 - 1923*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Judson Ashby Alexander

(9) PRESENT POSTOFFICE OF FATHER

Gaffney S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

63
(Year)

(12) BIRTHPLACE

Cherokee Co. S.C.

(13) OCCUPATION

Farming

MOTHER

(14) NAME BEFORE MARRIAGE

Alice Hammett

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

44
(Year)

(18) BIRTHPLACE

Jonesville Union Co. S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

*1**3*

(21) Number of children of this mother now living, including present birth

*1**3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *4 P.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

Sept 10 1923 (28) *W. F. ...*
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.