

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Sheldon  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 6.3.B

No. 12890 State Registrar Only

Registered No. 39  
 (For use of Local Registrar)

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

(2) Full Name of Child Charles Alston If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Not To be answered only in event of Twins or Triplets (5) Number in order of birth 8 (6) Are Parents Married Yes (7) DATE OF BIRTH May 1, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Alston  
 (9) PRESENT POSTOFFICE OF FATHER Sheldon  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37  
 (Year) (12) BIRTHPLACE Beaufort Co  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Robinson  
 (15) PRESENT POSTOFFICE OF MOTHER Sheldon  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24  
 (Year) (18) BIRTHPLACE Beaufort Co  
 (19) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 8  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary Robinson  
 (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 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.