

THIS IS A PERMANENT RECORD. IF A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Colleton
Township of South
OF
Inc. Town of
OF
City of

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

File No. - For State Registrar Only
5666

Registration District No. 207 Registered No. 12
(For use of Local Registrar)

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

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

3) BOY OR GIRL Boi 4) Twin or Triplet No 5) Number in order of birth No 6) Are Parents Married No 7) DATE OF BIRTH Feb 27 1923
(Name of Month) (Day) (Year)

FATHER.
8) FULL NAME Alfred
9) PRESENT POSTOFFICE OF FATHER Alfred
10) COLOR OR RACE Boi 11) AGE AT LAST BIRTHDAY 17
(Year) 12) BIRTHPLACE Alfred
13) OCCUPATION Alfred
20) Number of children born to mother, including present birth 1

MOTHER.
14) NAME BEFORE MARRIAGE Eric
15) PRESENT POSTOFFICE OF MOTHER Eric R. M. E.
16) COLOR OR RACE Boi 17) AGE AT LAST BIRTHDAY 15
(Year) 18) BIRTHPLACE Alfred S. C.
19) OCCUPATION Alfred
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) Alfred
(24) State whether Physician or Midwife Alfred (25) Address of Physician or Midwife Alfred

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
27) Date Mar 31 1923 (28) F. H. Carr Local Registrar.

*When there was no attending physician, the father, householder, etc., should make this return. If a child branches, the report is desired of stillbirths.