

## (1) PLACE OF BIRTH

County of Florence

Township of .....

OF

Inc. Town of Florence

OR

City of Florence

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

(2) Full Name of Child Tommy Eugene Alexander

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

30137

Registration District No. 207Registered No. 283

(For use of Local Registrar)

(No. 207 Ward)(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Tommy Eugene Alexander(9) PRESENT POSTOFFICE OF FATHER Florence, S.C.(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 24(12) BIRTHPLACE Saluda(13) OCCUPATION Rail road(20) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Chatham(15) PRESENT POSTOFFICE OF MOTHER Florence(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 21(18) BIRTHPLACE Saluda(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at ..... M., on the date above stated. (Born alive or stillborn) (Time A. M. or P. M.)(23) (Signature) Dr. Eugene Alexander

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Saluda

Given names added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) PHED 21 1922(28) P. H. Brigham

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.