

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

No. 1. For State Registrar Use

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County of AndersonSTATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

2775

Township of TellusRegistration District No. 301Registered No. 32  
(For use of Local Registrar)

Inc. Town of .....

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 Mary Louise Alexander

child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl

(4) Twin or Triplet

(5) Number in order of birth  
To be covered only in case of Twin or Triplet

(6) Age of Person Married

(7) DATE OF BIRTH

Jan 31, 23  
(Month) (Day) (Year)

(8) FATHER'S NAME

Robt Dewy Alexander

(9) MOTHER'S NAME BEFORE MARRIAGE

Thomasine Jones

(10) PRESENT RESIDENCE OF FATHER

Beltan SC

(11) PRESENT RESIDENCE OF MOTHER

Beltan SC

(12) COLOR OR RACE

negro

(13) AGE AT LAST BIRTHDAY

22  
(Years)

(14) COLOR OR RACE

negro

(15) AGE AT LAST BIRTHDAY

22  
(Years)

(16) BIRTHPLACE

Hillsboro SC

(17) BIRTHPLACE

Beltan SC

(18) OCCUPATION

Hotel Porter

(19) OCCUPATION

House

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

3

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(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 22 is signed by mark)

(27) Filed

10

(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 first month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.