

N. B.—In case of TWINS OR TRIPLETS use 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 Summers
 Township of King
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20449

Registration District No. 4302Registered No. 46
(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 Leah M. Alistin

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leopold M. Alistin
 (9) PRESENT POSTOFFICE OF FATHER Kingstria
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Summers
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Eva McLeod
 (15) PRESENT POSTOFFICE OF MOTHER Kingstria
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Years)
 (18) BIRTHPLACE Summers
 (19) OCCUPATION Housekeeper
 (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 alive at 4:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane X. Wallace
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingstria

Given name added from a supplemental report

(26) Witness E. M. Alistin
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 17, 1922 (28) B. B. Clarke 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.