

(1) PLACE OF BIRTH

County of Flourence

Township of

Inc. Town of

City of Flourence

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42784

Registration District No. 20-ARegistered No. 263

(For use of Local Registrar)

SL: 1 Ward: 1(2) Full Name of Child T. S. Alston Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? No

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) Dec. 3 1915

FATHER.

(8) FULL NAME

Jollie S. Alston

(9) PRESENT POSTOFFICE OF FATHER

Flourence(10) COLOR OR RACE col(11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE

Hartington Co

(13) OCCUPATION

Carpenter

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

five

MOTHER.

(14) NAME BEFORE MARRIAGE

Relter Smith

(15) PRESENT POSTOFFICE OF MOTHER

Flourence(16) COLOR OR RACE col(17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE

Hartington Co

(19) OCCUPATION

Domestic

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

five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) T. S. Alston Jr.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

100

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed Dec. 4 1915(28) 6. C. Craft M.D.

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.

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Form No. 10
 WHEN FATHER, MOTHER OR CHILD IS A RESIDENT OF THIS STATE, THIS FORM IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S. C.
 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.

K O D A K S . A F