

111111

(1) PLACE OF BIRTH

County of Charleston,
 or
 Inc. Town of
 or
 City of Charleston,
 (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
41228

Registration District 9..... Registered No. 1868...
 (For use of Local Registrar)

(No. 11... Line 51..... 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 Alice Bartley..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>December 22, 1912</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John H. Bartley
 (9) PRESENT POSTOFFICE OF FATHER Charleston
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31.....
 (Years)
 (12) BIRTHPLACE Charleston
 (13) OCCUPATION Laborer
 (14) Number of children born to mother, including present birth 3rd

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Charleston
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33.....
 (Years)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Cook
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive..... at 5:00 P.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thomas H. Steadman
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 583 1/2 St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 signed by father)
 (27) Filed 12/29 19 19 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.

Registrar.