CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 35780

(1) PLACE OF BIRTH
County of Oconee
Township of Center
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3500 Registered No. 130 (For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Unnamed McAlister (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth 5
(6) Are Parents Married? Yes
(7) DATE OF BIRTH July 14 1922 (Month) (Day) (Year)

FATHER.

(8) FULL NAME Warren A. McAlister
(9) PRESENT POSTOFFICE OF FATHER Westminster R.2
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Etta Singleton
(15) PRESENT POSTOFFICE OF MOTHER Westminster
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Wife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:00 A.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Wm. E. Strickland M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Westminster

Given name added from a supplemental report
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov 6 1922 (28) C. P. Warren
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 Local Registrar.

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