

(1) PLACE OF BIRTH

County of Darlington

Township of

Inc. Town of St. George S.C.

City of

(No. Ward)

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

(2) Full Name of Child

Infante

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

1. BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

7. DATE OF

BIRTH Feb. 17, 1923

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

8. FULL NAME

Alvin Infante

(14) NAME BEFORE MARRIAGE

Victoria Mizzell

9. PRESENT POSTOFFICE OF FATHER

St. George, S.C. R.F. #

(15) PRESENT POSTOFFICE OF MOTHER

St. George, S.C. R.F. #

10. COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29

(Year)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Year)

12. BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

13. OCCUPATION

Farmer

(19) OCCUPATION

Wife

20. Number of children born to mother, including present birth

5

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:58 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(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 23 is signed by mark)

(27) Filed

19

(28)

Local Reg

*When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

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B. 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 3.