

(1) PLACE OF BIRTH

County of

Township of

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.)

(2) Full Name of Child

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** **Bureau of Vital Statistics** **State Board of Health**

File For State Registrar Only
13678

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

(No. St. Ward)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL
Girl

(4) Twin or Triplet?
No
 To be answered only in event of Twin or Triplet

(5) Number in order of birth
1

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH May 14 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. E. McAlister

(9) PRESENT POSTOFFICE OF FATHER

Rockledge S.C.R.I.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 37
 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

James Harris

(15) PRESENT POSTOFFICE OF MOTHER

Rockledge S.C.R.I.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 35
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 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 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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