

(1) PLACE OF BIRTH

County of Pickens
Ashe
 Township of
 or
 Inc. Town of
 or
 City of Ashe

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
36058

Registration District No. 27-a Registered No. 162
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 5 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME M. G. Alice
 (9) PRESENT POSTOFFICE OF FATHER Ashe
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (12) BIRTHPLACE Domestic
 (13) OCCUPATION Barber
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Alice
 (15) PRESENT POSTOFFICE OF MOTHER Ashe
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
 (18) BIRTHPLACE Pickens
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 M., on the date above stated, (Personal or stillborn) (Hour A. M. or P. M.)
 (26) (Signature) Dr. J. H. Wall
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (29) 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.

If a child is reported as stillborn, householder, etc., should make this return. If fifth month of pregnancy.