

Form No. 1.

(1) PLACE OF BIRTH

County of EdgelyTownship of Wilmington

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

52028

Registration District No. 4Registered No. 1806

(For use of Local Registrar)

(2) Full Name of Child

John Alkerson

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 case of Twins or Triplets

(5) Number in order of Birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Mar. 7, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Alkerson

(9) PRESENT POSTOFFICE OF FATHER

Callers

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

55
(Years)

(12) BIRTHPLACE

Edgely

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Fleming

(15) PRESENT POSTOFFICE OF MOTHER

Callers

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

40
(Years)

(18) BIRTHPLACE

Edgely

(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 alive at 10 o'clock P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) U. S. Miller

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Tracy 1916W. S. Miller 1916

Registrar

(26) Witness

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

(27) Filed Mar. 13, 1916(28) Mrs. B. A. L. L. L.
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.

McGraw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

MAILED, PREPARED, FOR FILING, 1916. PLACED WITH THE OTHERS IN A SEPARATE BOX.