

(1) PLACE OF BIRTH

County of SuwanterTownship of St. Albansor
Inc. Town ofor
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

74963

Registration District No. 409 Registered No. 78

(For use of Local Registrar)

(2) Full Name of Child Mary Alston } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 3, 1914</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Richard Alston(9) PRESENT POSTOFFICE OF FATHER Suwanter S.C. 23(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth } Three

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Hampton(15) PRESENT POSTOFFICE OF MOTHER Suwanter S.C. 23(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm & house work(21) Number of children of this mother now living, including present birth } Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Alston

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

Midwife Durham S.C.

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness A. F. Noye
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 8/12 1914 (28) A. F. Noye
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.

WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MARGIN RESERVED FOR BINDING.