

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Bull Creek

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 James Henry Alexander

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

Sept 5-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Alexander

(9) PRESENT POSTOFFICE OF FATHER

Bull Creek 8th

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY 20
(Years)

(12) BIRTHPLACE

York Co. S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Irene Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Bull Creek 8th

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE

York Co. S.C.

(19) OCCUPATION

Housewife

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

3

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bull Creek 8th

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 29 1922

(28)

D. C. Mitchell
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.

MAKING RECORDS FOR TWINNING. 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 5.

DEPT. OF COLUMBIA, COLUMBIA, S. C.