

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. 41100 - For State Registrar Only

County of Lancaster  
Township of Flat Creek

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

or  
Inc. Town of.....  
or  
City of.....

Registration District No. 25A.3 Registered No. 94  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD Boy (4) Type of Birth Twin (5) Number in order of birth 1 (6) Was born Yes (7) DATE OF BIRTH Jan 26 1923  
To be given only in case of Twin or Triplets

FATHER.  
(8) FULL NAME General B. Plyler  
(9) PRESENT RESIDENCE OF FATHER Hershaw S.C. R3  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46  
(12) BIRTHPLACE Lancaster County  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 15

MOTHER.  
(14) NAME BEFORE MARRIAGE Bettie Sims  
(15) PRESENT RESIDENCE OF MOTHER Hershaw S.C. R3  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45  
(18) BIRTHPLACE Lancaster County  
(19) OCCUPATION housewife  
(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Mrs. E. Lyles  
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Hershaw R3

Given name added from a supplemental report  
.....  
.....  
.....  
Registrar

(25) Witness ..... (Signature of witness necessary only when question 21 is signed by nurse)  
(26) Filed Jan 2 1924 (27) J. C. Nelson

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired or allowed before the fifth month of pregnancy.

WRITE PLAINLY. WITH CARE. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. H. B.—In case of TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 4