

(1) PLACE OF BIRTH

County of SumterTownship of Stateburgor
Inc. Town of

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

92039

Registration District No. 4109 Registered No. 123

(For use of Local Registrar)

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

(3) Boy GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>12</u> <u>9</u> <u>1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(5) FULL NAME William Alston(6) PRESENT POSTOFFICE OF FATHER Sumter S.C. R3(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { Six

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Myer(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R3(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm work(21) Number of children of this mother now living, including present birth { Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a.m. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Tera X Lewis Midwife

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

Midwife Daguer S.C.

Given name added from a supplemental report

(26) Witness A. F. Neyle
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/22 1916. (28) A. F. Neyle
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.