

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Register Only

County of

SUMTER, S. C.

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

5310

Township of

or

Inc. Town of

or

City of

SUMTER, S. C.

Registration District No.

Registered No. 34

(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

Warren Alford

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Sex of child

(7) DATE OF BIRTH

Feb 11, 1933

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Dennis Alford

(9) PRESENT POSTOFFICE OF FATHER

Sumter, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

Manning, S.C.

(13) OCCUPATION

Farmer

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

1

3

MOTHER.

(15) NAME BEFORE MARRIAGE

Christina Alford

(16) PRESENT POSTOFFICE OF MOTHER

Sumter

(17) COLOR OR RACE

Black

(18) AGE AT LAST BIRTHDAY

19

(19) BIRTHPLACE

Manning, S.C.

(20) OCCUPATION

Farmer

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

1

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was

born

on

M.

on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

Carrie Macke

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

or Midwife

P.O. Extension 42, Sumter, S.C.

(26) (Given name added from a supplemental report)

(27) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(28) Filed

Mar 1, 1933

(29)

D. O. Branning

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MASSAGE REMOVED FOR BIRMINGHAM.

WITH PLAINLY. WITH UNPAIDING REMOVED TO A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

MADISON, S. C.