

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, 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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

McCaw, of Columbia.

(1) PLACE OF BIRTH **Charleston**
 County of **Charleston**
 Township of **"**
 or
 Inc. Town of **"**
 or
 City of **Charleston** (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. **9A** Registered No. **1049**
 (For use of Local Registrar)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar
76052

(2) Full Name of Child **Thymon L. Alpen** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Boy** (4) Twin or Triplet? **No** (5) Number in order of birth **6** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **Sept. 27 1916**
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME **Shep Alpen**
 (9) PRESENT POSTOFFICE OF FATHER **Charleston S.C.**
 (10) COLOR OR RACE **W** (11) AGE AT LAST BIRTHDAY **33** (Years)
 (12) BIRTHPLACE **Europe**
 (13) OCCUPATION **Merchant**
 (20) Number of children born to mother, including present birth **6**

MOTHER
 (14) NAME BEFORE MARRIAGE **Mrs. Federman**
 (15) PRESENT POSTOFFICE OF MOTHER **Charleston S.C.**
 (16) COLOR OR RACE **W** (17) AGE AT LAST BIRTHDAY **29** (Years)
 (18) BIRTHPLACE **Europe**
 (19) OCCUPATION **Dom**
 (21) Number of children of this mother now living, including present birth **5**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was **live** at **11:30 P** M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) **Raymond L. ...**
 (24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **7 McLevitt**

Given name added from a supplemental report
 _____, 191...

 Registrar

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

 (27) Filed **10/4 1916** (28) **J. ...** 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.

State of South Carolina
County of Charleston

Personally appeared before me a Notary Public of
South Carolina, Sarah Alpern, who being duly sworn,
deposes and says:

That she is the Mother of Hyman Irving Alpern, born in
Charleston on September 24, 1916, birth record # 94/1049,
in the Charleston Health Department.

That the Doctor, **K. I.** Pearlstine, duly reported this record
but made an error in the mothers maiden name and that the
spelling of this should be SARAH LEDERMAN instead of Sara
Leetermon: That the spelling of the child's name is HYMAN IRVING
ALPERN, instead of Hymon I. Alpern and that the Father's surname
is ALPERN instead of Alpern: That she wishes these corrections to be
made on the original record and that the above is a true and
correct statement of fact.

Sarah Alpern
66 St Philip St.

Sworn to and subscribed before me
this the 26th day of July, 1939

Anna H. Reginald
Notary Public, S. C.
Notary Public, S. C. Commission
expires at the pleasure of the Governor.