

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 5.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
43886

County of Oconee

Township of ...

or
Inc. Town of ...

or
City of Salmon R. F. D. #1 (No. ... St.; ... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3502 Registered No. 101
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Single (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH June 29, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Er Verner Alexander (14) NAME BEFORE MARRIAGE Ethel McClain

(9) PRESENT POSTOFFICE OF FATHER Tomassee S.C. (15) PRESENT POSTOFFICE OF MOTHER Tomassee

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years) (Years)

(12) BIRTHPLACE Oconee Co. S.C. (18) BIRTHPLACE Franklin Co. Ga.

(13) OCCUPATION Teaching & farming (19) OCCUPATION House Keeper

(20) Number of children born to mother, including present birth 1 (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 Alive at 4:30 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. S. Allison (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife ...

Given name added from a supplemental report

(26) Witness Jan 1, 1923 (27) Local Registrar S. W. Smith

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

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

DEPT. OF COLUMBIA, COLUMBIA, S. C.