

(1) PLACE OF BIRTH

County of DeeTownship of Howell

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 37011

37011

Registration District No. 3502 Registered No. 405
(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 Mary Alexander If child is not yet named, make supplemental report as required(3) SEX girl (4) AGE 70 (5) DATE OF BIRTH April 23
(6) PLACE OF BIRTH Dee

FATHER		MOTHER	
(10) NAME BEFORE MARRIAGE	<u>Walter Alexander</u>	(10) NAME BEFORE MARRIAGE	<u>Maggie Alexander</u>
(11) PRESENT NAME	<u>Salmon L C</u>	(11) PRESENT NAME	<u>Salmon L C</u>
(12) COLOR	<u>White</u>	(12) COLOR	<u>White</u>
(13) AGE AT LAST BIRTH	<u>32</u>	(13) AGE AT LAST BIRTH	<u>36</u>
(14) OCCUPATION	<u>Farmer</u>	(14) OCCUPATION	<u>Housewife</u>
(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE	<u>16</u>	(15) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE	<u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louella Bowens (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Salmon L C

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 3 1923 (28) Louella Smith 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.