

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 5.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Maryland</u>		STATE OF SOUTH CAROLINA		73880	
Township of <u>Pratts</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>3205</u>		Registered No. <u>2895</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Alexander Alston</u> { 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) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Aug 16 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Butler Alston</u>			(14) NAME BEFORE MARRIAGE <u>Maggie W. Ral</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Mullin, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mullin, S.C.</u>		
(10) COLOR OR RACE <u>negro</u>		(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>negro</u>		(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Va.</u>			(18) BIRTHPLACE <u>Laurinburg, N.C.</u>		
(13) OCCUPATION <u>Day Laborer</u>			(19) OCCUPATION <u>Day Laborer</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>4¹⁰ A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Amy X Hayes</u>		(24) State whether Physician or Midwife <u>midwife</u>		(25) Address of Physician or Midwife <u>Mullin, S.C.</u>	
Given name added from a supplemental report <u>M. B. Woodward</u>		(26) Witness <u>H. E. Rogers</u> (Signature of Witness necessary only when question 23 is signed by mark)		(27) Filed <u>Sept 8 1916</u>	
..... <u>61 30/42</u> 19 <u>1916</u>		(28) <u>H. E. Rogers</u> 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.