

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

County of *Myrtle Beach*  
 Township of *Myrtle Beach*  
 or  
 Inc. Town of.....  
 or  
 City of..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. *2-205* Registered No. *2-8-9*  
 (For use of Local Registrar)

File No.—For State Registrar Only  
**73880**

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <i>yes</i>	(7) DATE OF BIRTH <i>Aug 16 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Butler Alston*

(9) PRESENT POSTOFFICE OF FATHER *Mullin, S.C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *24*  
(Years)

(12) BIRTHPLACE *Va.*

(13) OCCUPATION *Day Laborer*

(20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Maggie W. Ral*

(15) PRESENT POSTOFFICE OF MOTHER *Mullin, S.C.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *23*  
(Years)

(18) BIRTHPLACE *Laurinburg, N.C.*

(19) OCCUPATION *Day Laborer*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *4<sup>10</sup> A.M.* on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Amy Hayes*

(24) State whether Physician or Midwife *midwife*

(25) Address of Physician or Midwife *Mullin, S.C.*

Given name added from a supplemental report  
*M. B. Woodward*  
*6/30/12* 19 .....

(26) Witness *H. E. Rogers*  
 (Signature of Witness, necessary only when question 23 is signed by mark)

(27) Filed *Sept 8 1916* (28) *H. E. Rogers*  
 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.