

(1) PLACE OF BIRTH

County of LeeTownship of Bishopville

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31018.

Registration District No 3000 Registered No. 45

(For use of Local Registrar)

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

(3) BOY OR GIRL

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept 21 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Alford

(9) PRESENT POSTOFFICE OF FATHER

Bishopville

(10) COLOR OR RACE

Col(11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE

Bishopville S.C.

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Bell Stegney

(15) PRESENT POSTOFFICE OF MOTHER

Bishopville S.C.

(16) COLOR OR RACE

Col(17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE

Bishopville

(19) OCCUPATION

Domestic

(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.....at.....M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) May Newton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Bishopville

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 30 1922 May N. J. Lane 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.