

Form No. 1

(1) PLACE OF BIRTH

County of M. C. Conner
 Township of M. T. Carmel
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19415

Registration District No. 4504 Registered No.
 (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 Alice Belcher (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH July 31, 22
 To be answered only in event of Twins or Triplets (Name, Month, Day, Year)

FATHER.

(8) FULL NAME D. K.
 (9) PRESENT POSTOFFICE OF FATHER D. K.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY D. K. (Years)
 (12) BIRTHPLACE D. K.
 (13) OCCUPATION D. K.
 (20) Number of children born to mother, including present birth D. K.

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Beecher
 (15) PRESENT POSTOFFICE OF MOTHER M. T. Carmel
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Copeville Co
 (19) OCCUPATION Farmer
 (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... Alice... at... 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Beecher
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 13, 22 (28) A. J. McAllister 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH UNREMARKED—THIS IS A PERMANENT RECORD. 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. MORGAN OF COLUMBIA, COLUMBIA, S. C.