

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 8.  
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston, S.C.  
 Township of " " "  
 or " " "  
 Inc. Town of " " "  
 or Charleston  
 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  
**45557**

Registration District No. 9A Registered No. 74  
 (For use of Local Registrar)  
 (No. 175 Common St.; ..... Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child. Joseph Isaac Alston.

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan. 24, 1926</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. Isaac</u>			(14) NAME BEFORE MARRIAGE <u>Rebecca Alston</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston, S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>15</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Youngs Island, S.C.</u>
(12) BIRTHPLACE <u>Charleston, S.C.</u>	(13) OCCUPATION <u>Labourer</u>	(19) OCCUPATION <u>Cooking</u>	(21) Number of children of this mother now living, including present birth <u>One</u>	
(20) Number of children born to mother, including present birth <u>Two</u>				

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive, at 9:00 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) R. L. La Roche  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Roper Hospital, City

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) \_\_\_\_\_  
 (27) Filed 1/25/26 (28) J. Mercier Green M.D. Local Registrar

Given name added from a supplemental report \_\_\_\_\_, 191\_\_\_\_\_  
 \_\_\_\_\_ 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.