

Form No. 1

## (1) PLACE OF BIRTH

County of *Jasper*Township of *Cornwall*

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

30783

Registration District No. *2600*Registered No. *81*  
(For use of Local Registrar)

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

(2) Full Name of Child *Hattie May Alston*

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

*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. 17, 22*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*Clement Alston*

(9) PRESENT POSTOFFICE OF FATHER

*Sheldon, N.C.*

(10) COLOR OR RACE

*Col.*

(11) AGE AT LAST BIRTHDAY

*30*  
(Years)

(12) BIRTHPLACE

*N.C.*

(13) OCCUPATION

*Farming*

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

*Three*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Annie Hipp*

(15) PRESENT POSTOFFICE OF MOTHER

*Sheldon, N.C.*

(16) COLOR OR RACE

*Col.*

(17) AGE AT LAST BIRTHDAY

*27*  
(Years)

(18) BIRTHPLACE

*N.C.*

(19) OCCUPATION

*Farming*

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

*Three*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5:00 A.M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Annie Hipp*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Sheldon, N.C.*

Given name added from a supplemental report

(26) Witness

*Clement Alston*

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

19  
Registrar

(27) Filed

*9/23/22*

(28)

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.

WHILE FILLING, WITH UNFADING INK—THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. N. B.—In case of TWINS, TRIPLETS use a SEPARATE PLANK FOR EACH CHILD, and mark the RECORD OF COLUMBIA, COLUMBIA, S. C.