

(1) PLACE OF BIRTH

County of SumterTownship of StateburgInc. Town of _____
or _____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

47567

Registration District No. 4109Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child McKensie Alston

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? _____
To be answered only in event of Twin or Triplets

(5) Number in order of birth _____

(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 13, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Moody Alston(9) PRESENT POSTOFFICE OF FATHER Horatio S.C.(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 38

(Years)

(12) BIRTHPLACE Sumter Co.(13) OCCUPATION Farm hand(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Grant(15) PRESENT POSTOFFICE OF MOTHER Horatio S.C.(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE Sumter Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at _____ M., on the date above stated. 5 A

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hester Spencer(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Horatio S.C.

(Given name added from a supplemental report)

(26) Witness _____

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

Registrar(27) Filed Jan 23 1916(28) Benj. Sandus

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.