

(1) PLACE OF BIRTH

County of Roanoke  
 Township of Bucks  
 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  
**49479**

Registration District No. 2501 Registered No. 12  
 (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 Robert Patterson Alston

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>13</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12 1916</u>
<small>To be answered only in case of Twins or Triplets</small>			<small>(Name of Month) (Day) (Year)</small>	

**FATHER.**

(8) FULL NAME Robert Alston

(9) PRESENT POSTOFFICE OF FATHER Bucksport S.C.

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 50 (Years)

(12) BIRTHPLACE Plumtreeville S.C.

(13) OCCUPATION Laborer & farmer

(20) Number of children born to mother, including present birth 13

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lou Sessions

(15) PRESENT POSTOFFICE OF MOTHER Bucksport S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Loddville S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 9

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

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 o'clock on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Thomas, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Bucksport

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

(26) Witness By J. H. Marshall  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar. 1, 1916 (28) S. J. Bourne  
 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia