

1) PLACE OF BIRTH

County of Beaufort...
 Township of Sheldon...
 Inc. Town of
 City of (No. St. Ward ...)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3198

Registration District No. 603A Registered No. 9
 (For use of Local Registrar)

(2) Full Name of Child Michael Alston

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

1 SEX JR
GIRL3 Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? Yes(7) DATE OF
BIRTH Feb. 9, 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

2 FULL
NAME3 PRESENT
POSTOFFICE
OF FATHER4 COLOR
OR
RACE

5 BIRTHPLACE

6 OCCUPATION

7 Number of children born to
mother, including present birthDavid AlstonWisc. S. C.2920 (11) AGE AT LAST
BIRTHDAY 27
(Years)Beaufort Co., S. C.Farmer17

MOTHER.

(14) NAME BEFORE
MARRIAGE(15) PRESENT
POSTOFFICE
OF MOTHER(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
now living, including present birthSara CadronWisc., S. C.Negro (17) AGE AT LAST
BIRTHDAY 26
(Years)Beaufort Co., S. C.Farmer's wife5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:50 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma A. Alston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report:

(26) Witness

(Signature of Witness necessary only
when question 24 is signed by mark)(27) Filed Feb. 18, 1922(28) M. A. Alston
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.

RECEIVED FEBRUARY 20 1922
 BEAUFORT COUNTY, SOUTH CAROLINA
 BUREAU OF VITAL STATISTICS
 STATE BOARD OF HEALTH
 FILE NO. 3198
 REGISTRATION DISTRICT NO. 603A
 CHILD'S NAME: MICHAEL ALSTON
 SEX: GIRL
 DATE OF BIRTH: FEB. 9, 1922
 PLACE OF BIRTH: BEAUFORT CO., S. C.
 TOWNSHIP: SHELTON
 COUNTY: BEAUFORT
 REGISTRAR: M. A. ALSTON
 WITNESS: E. A. ALSTON
 FILED: FEB. 18, 1922