

(1) PLACE OF BIRTH

County of *Richmond*Township of *Richmond*Inc. Town of *Richmond*City of *Richmond*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. *2741*No. *32753*Registered No. *189*
(For use of Local Registrar)(No. *189* St. *1* Ward *1*)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Abbie Alexander* (If child is not yet named, make supplemental report as directed)(3) SEX OF CHILD *Female* (4) Type or Token *None* (5) Number in order of birth *1* (6) Age at birth *1 year* (7) DATE OF BIRTH *Oct 11 1911* (8) (Name of Month) *Oct* (9) (Day) *11* (10) (Year) *1911*

FATHER.		MOTHER.	
(11) FULL NAME <i>Johnnie James</i>	(14) NAME BEFORE MARRIAGE <i>Bessie Alexander</i>	(12) PRESENT POSTOFFICE OF FATHER <i>Calhoun</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Calhoun</i>
(13) COLOR OR RACE <i>Black</i>	(16) COLOR OR RACE <i>Black</i>	(17) AGE AT LAST BIRTHDAY <i>21</i>	(18) AGE AT LAST BIRTHDAY <i>19</i>
(19) BIRTHPLACE <i>SC</i>	(21) BIRTHPLACE <i>SC</i>	(22) OCCUPATION <i>laborer</i>	(23) OCCUPATION <i>None</i>
(24) Number of children born to mother, including present birth <i>1</i>	(25) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was *Abbie Alexander* (Born alive or stillborn) (How A. M. or P. M.) *4 P. M.*
on the date above stated.(27) (Signature) *William Stratton*(28) State whether Physician or Midwife *Physician*(29) Address of Physician or Midwife *Richmond*

Given name added from a supplemental report

(30) Witness *None*

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

(31) Filed *Oct 20 1911*(32) Local Registrar *None*

*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.