

(1) PLACE OF BIRTH

County of York
Township of York
City of York

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

No. for this register only

10513

Registration District No. 44-2 Registered No. 30
(For use of Local Registrar)

(No. of Street) (No. of Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marvin Alexander
(If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy	4) Type or Token To be approved only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married	7) DATE OF BIRTH June 21 1923 (Month of Month) (Day) (Year)
8) FULL NAME Marvin Alexander			14) NAME BEFORE MARRIAGE MOTHER: Lily Belle Humphreys	
9) PRESENT POSTOFFICE OF FATHER York Co			15) PRESENT POSTOFFICE OF MOTHER York Co	
10) COLOR OR RACE Black	11) AGE AT LAST BIRTHDAY 22 (Year)	12) BIRTHPLACE York Co	13) COLOR OR RACE Black	17) AGE AT LAST BIRTHDAY 21 (Year)
16) OCCUPATION Farmer			18) BIRTHPLACE York S C	
19) OCCUPATION Director			20) Number of children of this mother now living, including present birth 1	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature) Juan J. Barron
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife York S. C.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
19 Registrar	(27) Filed June 26 1923 (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.

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RECEIVED AT THE OFFICE OF THE CLERK OF THE SUPREME COURT, STATE OF SOUTH CAROLINA, AT COLUMBIA, S. C., THIS 26th DAY OF JUNE, 1923.