

## (1) PLACE OF BIRTH

County of *Marion*Township of *Franklin*

or

Inc. Town of *Franklin*

or

City of *Jamesville*

(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

19121

Registration District No. *4701*Registered No. *1041*  
(For use of Local Registrar.)St. *Franklin* Ward *1041*

## (2) Full Name of Child

*Russell Alexander*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

*June 2, 1922*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE *color*(11) AGE AT LAST BIRTHDAY *33*  
(Year)(12) BIRTHPLACE *SC*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *16*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Russell Alexander*(15) PRESENT POSTOFFICE OF MOTHER *Franklin*(16) COLOR OR RACE *color*(17) AGE AT LAST BIRTHDAY *28*  
(Year)(18) BIRTHPLACE *SC*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *16*

## 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) *Mauda Stratford*(24) State whether Physician or Midwife *midwife*(25) Address of Physician or Midwife *133 Box 37*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *June 20, 1922*(28) *11/11/22*

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths the fifth month of pregnancy.