

MARGIN RESERVED FOR HUSBAND'S SIGNATURE RECORD
WHILE PLACING, WITH CENSUS INSTRUCTIONS, THIS FORM FOR EACH CHILD, AND MARK THE
N. B.—In case of twins or triplets use a separate form for each child. In question 3
FIRST-BORN, No. 1 THE OTHER, No. 2, 3, 4, etc.

(1) PLACE OF BIRTH
County of Spartanburg
Township of Pacolet
or
Inc. Town of
or
City of (No. St.; Ward)
(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
20218

Registration District No. 4006 Registered No. 74
(For use of Local Registrar)

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

3 BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>6-14-22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>M. Alexander</u>	(14) NAME BEFORE MARRIAGE <u>Beatrice Tisdale</u>			
9 PRESENT POSTOFFICE OF FATHER <u>Pacolet S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Pacolet S.C.</u>			
10 COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
12 BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
13 OCCUPATION <u>tenant farmer</u>	(19) OCCUPATION <u>Housewife</u>			
20 Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. L. Kump
(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Pacolet S.C.

Given name added from a supplemental report

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

(27) Filed July 1, 1922 (28) M. W. Brown
Registrar 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.

*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.