(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
18670

County of Georgetown

Township of S.F.D.

or

Inc. Town of Georgetown — Registration District No. 21-A — Registered No. 440
(For use of Local Registrar)

or

City of Georgetown (No. 23 Howard St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Georgeann Alston — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	Twin	1	Yes	May 5 1922

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME: Bert Alston

(9) PRESENT POSTOFFICE OF FATHER: Georgetown

(10) COLOR OR RACE: Negro — (11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: Pee Dee S.C.

(13) OCCUPATION: Laborer

(23) Number of children born to mother, including present birth: 4

MOTHER.

(14) NAME BEFORE MARRIAGE: Annie Brisdale

(15) PRESENT POSTOFFICE OF MOTHER: Georgetown

(16) COLOR OR RACE: Negro — (17) AGE AT LAST BIRTHDAY: 25 (Years)

(18) BIRTHPLACE: Was D. Law S.C.

(19) OCCUPATION: Housewife

(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Michael Hale Finnamy

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

....., 19 ....
Registrar

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

(27) Filed May 19 22 (28) Wm. P. Keys
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and number the CHILDREN BORN, No. 1, THIRD, No. 2, etc., in question 6.

McCAW OF COLUMBIA, COLUMBIA, S. C.