

USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Pickens

Township of Liberty

OR
Inc. Town of

OR
City of

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

(2) Full Name of Child Sarah Elizabeth Alexander

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number of order of Birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Earle Alexander

(9) PRESENT POSTOFFICE OF FATHER Liberty SC

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 41 (Year)

(12) BIRTHPLACE Oconee Co SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Elvira Rome

(15) PRESENT POSTOFFICE OF MOTHER Liberty SC

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 37 (Year)

(18) BIRTHPLACE Pickens Co SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Sheldon M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Liberty SC

Given name added from a supplemental report

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

(27) Filed Nov 4 1922 (28) John T. Boyce 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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