

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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McALPIN OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York  
Township of York  
or  
Inc. Town of.....  
or  
City of.....

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

File No.—For State Registrar Only  
**20603**

Registration District No. 4408 Registered No. 90  
(For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 20 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25, 1922  
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Frank Sturgis MOTHER. (14) NAME BEFORE MARRIAGE Althea Jansen

(9) PRESENT POSTOFFICE OF FATHER York Co (15) PRESENT POSTOFFICE OF MOTHER York Co

(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 20 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 17  
(Years) (Years)

(12) BIRTHPLACE York Co (18) BIRTHPLACE York Co

(13) OCCUPATION Farmer (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 1 1 (21) Number of children of this mother now living, including present birth 1 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Dr. J. S. Jansen (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife York Co

Given name added from a supplemental report

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

(27) Filed June 26, 1922 (28) John H. Jansen 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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