

(1) PLACE OF BIRTH

County of Kershaw
 Township of Lexach
 or
 Inc. Town of Columbia, S.C.
 or
 City of 2354

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

File No. — For State Registrar Only
41152

Registration District No. 2.7.P.

Registered No.
 (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 Earl 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

(6) Are Parents Married yes

(7) DATE OF BIRTH Dec 11 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ernest Alexander

(9) PRESENT POST OFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 27
 (Years)

(12) BIRTHPLACE Kershaw Co

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Benham

(15) PRESENT POST OFFICE OF MOTHER Columbia, S.C.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 27
 (Years)

(18) BIRTHPLACE Kershaw Co

(19) OCCUPATION house wife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. J. W. H. H. H.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Dec 24 1923 (27) H. B. Wilson 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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