

(1) PLACE OF BIRTH

County of Season

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only
58387Registration District No. 3ARegistered No. 184

(For use of Local Registrar)

No. Wilhelmina Alexander

St. Ward)

(2) Full Name of Child Dr. Wilhelmina Alexander If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH 3 29 16

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Alexander(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 49 (Years)(12) BIRTHPLACE Anderson County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Sherard(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Anderson County(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. D. Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 4/10/16(28) F. B. Bryant

Local Registrar

Registrar

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*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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