

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22721

Registration District No. 4195

Registered No. 57
(For use of Local Registrar)(No. ... 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 Nathaniel Alston If child is not yet named, make supplemental report as directed3 SEX OR
GENDER Boy (4) Twin
or Triplet To be answered only in event of Twin or Triplet (5) Are
Parents
Married yes (6) DATE OF
BIRTH July 13, 1923
(Day) (Year)

FATHER.

(8) FULL
NAME Arthur Alston(9) PRESENT
POSTOFFICE
OF FATHER Rembert S.C.(10) COLOR
OR
RACE Col (11) AGE AT LAST
BIRTHDAY 22
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE
MARRIAGE Ethel China(15) PRESENT
POSTOFFICE
OF MOTHER Rembert S.C.(16) COLOR
OR
RACE Col (17) AGE AT LAST
BIRTHDAY 19
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10.2 M.,
on the date above stated. (Born alive or stillborn. Hour A. M. or P. M.)(23) (Signature) Arthur Alston

(24) State whether

Physician or Midwife

(25) Address of Phys.

Midwife

FatherRembert S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed

July 23, 1923

(28)

J. B. Raffield
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