

THIS IS A PERMANENT RECORD.
 IF OR TRIPLETS 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 Barnwell
 Township of Greenston
 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
41005

Registration District No. 673 Registered No. 65
 (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 Alice Lucile Doby If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 22 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ellie Doby</u>	(14) NAME BEFORE MARRIAGE <u>Marion May</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenston SC R#</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenston SC R#</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>SC</u>	(18) BIRTHPLACE <u>SC</u>	(13) OCCUPATION <u>Housewife</u>	(19) OCCUPATION <u>Wife and Field Hand</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 ¹⁵ 9 M., on the date above stated. (Specify if stillborn) (Hour A. M. or P. M.)

(23) (Signature) Barrie D. Sanders
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenston SC R#

Given name added from a supplemental report

(26) Witness J. W. Johnson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12-30-19 (28) J. W. Johnson 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.