

Form No. 10. MAIN INK. WITH FADING INK.—THIS IS A PERMANENT RECORD.
N. H.—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.

(1) PLACE OF BIRTH
County of Harry
Township of Bayboro
or
Inc. Town of
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
2) Full Name of Child Marriel L. Alford

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

File No.—For State Registrar Only
43235

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2500 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 13 1915
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John H. Alford
(9) PRESENT POSTOFFICE OF FATHER Loris S C
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Harry Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Stella Gerald
(15) PRESENT POSTOFFICE OF MOTHER Loris S C
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Harry Co
(19) OCCUPATION Housewife
(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 born at 4:30 am,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) E. H. Branger
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bayboro S C

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness H. L. Gerald
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 20 1915 (28) H. L. Gerald 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.

Fifth month of pregnancy.