

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

FILE NO. 452

County of Charleston

Township of Charleston

City of Charleston

Registration District No. 9A Registered No. 71
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. 171 Drake St.) (Ward) 2

(2) Full Name of Child Frank Ernest Alexander If child is not yet named, make appropriate report as directed

1. SEX Male 2. AGE 2 3. RACE White 4. COLOR White 5. BUILD Medium 6. HAIR Dark 7. EYES Blue 8. MOUTH Small 9. NOSE Small 10. EARS Small 11. TEETH None 12. FINGERS Small 13. TOES Small 14. SKIN White 15. BIRTHPLACE Charleston 16. OCCUPATION Painter 17. NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE 5 18. DATE OF BIRTH Jan 2 1923 19. TIME OF BIRTH 2:30 20. PLACE OF BIRTH Home 21. SEX Male 22. AGE 2 23. RACE White 24. COLOR White 25. BUILD Medium 26. HAIR Dark 27. EYES Blue 28. MOUTH Small 29. NOSE Small 30. EARS Small 31. TEETH None 32. FINGERS Small 33. TOES Small 34. SKIN White 35. BIRTHPLACE Charleston 36. OCCUPATION Painter 37. NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE 5 38. DATE OF BIRTH Jan 2 1923 39. TIME OF BIRTH 2:30 40. PLACE OF BIRTH Home

FATHER
 (1) NAME Burton Alexander
 (2) RESIDENT OF STATE Charleston
 (3) COLOR White (4) AGE AT LAST BIRTHDAY 31
 (5) BIRTHPLACE Charleston
 (6) OCCUPATION Painter
 (7) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE 5

MOTHER
 (1) NAME Gertrude Maria Henderson
 (2) RESIDENT OF STATE Charleston
 (3) COLOR White (4) AGE AT LAST BIRTHDAY 30
 (5) BIRTHPLACE Charleston
 (6) OCCUPATION Housewife
 (7) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT ONE 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.) 8:30 P. M.

(23) (Signature) Dora Alexander
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Emergency 1917 Reid St

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 1923

When there was no attending physician or midwife, then the father, householder, or other person present at the birth of the child must sign this certificate. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirths before the fifth month of pregnancy.