

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

70399

Registered No. 72
(For use of Local Registrar)

(2) Full Name of Child

Ben Vergil Alverson

If child is not yet named, make name and report as directed

(3) BOY OR GIRL? Boy	(4) Twin or Triplet?	(5) Number in order of birth To be answered only in event of Twins or Triplets	(6) Are Parents Married? yes	(7) DATE OF BIRTH June 6, 1916 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Joe Alverson			(14) NAME BEFORE MARRIAGE Carla Louise	
(9) PRESENT POSTOFFICE OF FATHER Cherokee #7			(15) PRESENT POSTOFFICE OF MOTHER Cherokee	
(10) COLOR OR RACE White			(16) COLOR OR RACE White	
(11) AGE AT LAST BIRTHDAY 31 (Years)			(17) AGE AT LAST BIRTHDAY 31 (Years)	
(12) BIRTHPLACE Spartanburg Co			(18) BIRTHPLACE Spartanburg Co	
(13) OCCUPATION Merchant			(19) OCCUPATION Domestic	
(20) Number of children born to mother, including present birth 6			(21) Number of children of this mother now living, including present birth 6	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature) W. L. Ogell

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

Given name added from a supplemental report

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Registrar

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

(27) FIC 1916 (28) A. L. Burtan
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.

MARGIN RESERVED FOR BINDING
WHITE PLAINS, WITH LEADING INK—THIS IS A PERMANENT RECORD.
T. 2—IN CASE OF TWINS OR TRIPLETS ETC. SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.
McCAY, of Columbia