Form No 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
53893

(1) PLACE OF BIRTH
County of Sumter Sc
Township of Manchester
or
Inc. Town of ..... Registration District No. 4101 Registered No. 8
(For use of Local Reistrar)
or
City of ..... (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 Clarence Leroy Alsbrooks { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		Yes	March, 29, 1916 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	David Willy Alsbrooks	(14) NAME BEFORE MARRIAGE	Susan E. McCall
(9) PRESENT POSTOFFICE OF FATHER	Wedgefield Sc	(15) PRESENT POSTOFFICE OF MOTHER	Wedgefield Sc
(10) COLOR OR RACE	White	(16) COLOR OR RACE	
(11) AGE AT LAST BIRTHDAY	60 (Years)	(17) AGE AT LAST BIRTHDAY	41 (Years)
(12) BIRTHPLACE	Sumter Co	(18) BIRTHPLACE	Sumter Co
(13) OCCUPATION	Farmer	(19) OCCUPATION	house wife
(20) Number of children born to mother, including present birth	9	(21) Number of children of this mother now living, including present birth	7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 9.30 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. M. L. Parlor M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Wedgefield Sc

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

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

(27) Filed .....191.... (28) G. T. Geddings
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.
McCaw, of Columbia.