

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Effect of Birth  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31655

Registration District No 3607 Registered No. 13  
 (For use of Local Registrar)

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 Alvan Polingam 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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 22  
 (Name) (Month) (Day) (Year)

## FATHER

(8) FULL NAME Osceola Polingam  
 (9) PRESENT POSTOFFICE OF FATHER Springfield  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 42  
 (Years) (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming

## MOTHER

(14) NAME BEFORE MARRIAGE Annie Morgan  
 (15) PRESENT POSTOFFICE OF MOTHER Springfield  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35  
 (Years) (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic  
 (20) Number of children born to mother, including present birth 11  
 (21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 4 PM  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elna Morgan (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Springfield

Given name added from a supplemental report

(26) Witness J. M. Hart  
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept. 22, 1922 (28) J. M. Hart 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.