

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.

(1) PLACE OF BIRTH  
County of Darlington  
Township of .....  
or  
Inc. Town of .....  
City of Hartsville (No. .... St.; ..... Ward)  
(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

957

Registration District No. 13-B Registered No. 6  
(For use of Local Registrar)

(2) Full Name of Child Leo Alston

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 20/22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Randolph Alston  
(9) PRESENT POSTOFFICE OF FATHER Hartsville, S. C.  
(10) COLOR B. (11) AGE AT LAST BIRTHDAY 38  
OR RACE ..... (Years)  
(12) BIRTHPLACE S. C.  
(13) OCCUPATION Carpenter  
(20) Number of children born to mother, including present birth 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Pool  
(15) PRESENT POSTOFFICE OF MOTHER Hartsville, S. C.  
(16) COLOR B. (17) AGE AT LAST BIRTHDAY 35  
OR RACE ..... (Years)  
(18) BIRTHPLACE S. C.  
(19) OCCUPATION House-keeping  
(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive ..... at 9 P. M.  
on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature) Janie Mayes (25) Address of Physician or Midwife  
(24) State whether: Physician or Midwife Midwife Hartsville, S. C.

Given name added from a supplemental report

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

(27) Filed Jan 26 1922 (28) Local Registrar W. J. McKee

\*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.

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