

Form No. 1

## (1) PLACE OF BIRTH

County of KershawTownship of Flat Rockor  
Inc. Town of Carey

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

90480

Registration District No. 2702 Registered No. 155

(For use of Local Registrar)

(2) Full Name of Child Earnest Alexander

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Dec. 20, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME	(11) AGE AT LAST BIRTHDAY (Years)
(9) PRESENT POSTOFFICE OF FATHER	
(10) COLOR OR RACE	
(12) BIRTHPLACE	
(13) OCCUPATION	

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Barbara Alexander</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Carey</u>	
(16) COLOR OR RACE <u>Negro</u>	
(18) BIRTHPLACE <u>Carey</u>	
(19) OCCUPATION <u>Farmer</u>	

(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 12:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) .....

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1917

(28)

J. W. Buford  
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.