

Form No. 1

(1) PLACE OF BIRTH

County of Kershaw
Township of Flat Rock
or
Inc. Town of Charleston
or
City of

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 Ernest Alexander

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec. 20, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

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

MOTHER.
(14) NAME BEFORE MARRIAGE Barbara Alexander
(15) PRESENT POSTOFFICE OF MOTHER Country
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years) 19
(18) BIRTHPLACE Country
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 17 AM, 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
..... 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/9 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.