

Form No. 1

## (1) PLACE OF BIRTH

County of Berkeley  
 Township of 2 S. 1 E.  
 or  
 Inc. Town of Jamieson  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**41061**

Registration District No. 7 D. 1 Registered No. 59  
 (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 Wierle Wrennell Alexander If child is not yet named, make supplemental report as directed.

3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 17, 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Moore Alexander(9) PRESENT POSTOFFICE OF FATHER Summerville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47  
(Years)(12) BIRTHPLACE Berkeley Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Lamb(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(Years)(18) BIRTHPLACE Berkeley Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Luzie Mayzack(24) State whether: Physician or Midwife Midwife(25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report:

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 10 1923 (28) R. G. Harmon 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.

THIS IS A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCAM OF COLUMBIA, COLUMBIA, S. C.