

(1) PLACE OF BIRTH

County of SpartanburgTownship of Shilohor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32283

Registration District No. 4005Registered No. 21
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harriet Pranner Alpert
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? — To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 14, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Clarence Clement Alexander(9) PRESENT POSTOFFICE OF FATHER Parkside P.O. 2(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42
(Years)(12) BIRTHPLACE Spartanburg Co(13) OCCUPATION farmer(20) Number of children born to mother, including present birth seven

MOTHER.

(14) NAME BEFORE MARRIAGE Lauria Ann West(15) PRESENT POSTOFFICE OF MOTHER Parkside P.O. 2(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40
(Years)(18) BIRTHPLACE Spartanburg Co(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. C. Smith(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Shiloh Springs 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 Sept 25, 1922 (28) Mrs. H. C. White 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.

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