

Form No. 1

(1) PLACE OF BIRTH

County of BlountTownship of BlountInc. Town of BlountCity of Blount

(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

Registration District No. 4. A.No. 2933—For State Registrar Only

2933

Registered No. 9

(For use of Local Registrar)

(No. 9 St. 9 Ward)(2) Full Name of Child Daisy Alston

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

a. sex on girl (b) Type or Trisomy (c) Number by order of birth 2nd (d) Are yes (e) DATE OF BIRTH Feb 12 1923
 To be covered only in case of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.
 (1) FULL NAME Herbert Alston
 (2) PRESENT POST OFFICE OF FATHER Charleston S.C.
 (3) COLOR Negro (4) AGE AT LAST BIRTHDAY 36
 (5) BIRTHPLACE Kearney, Mo.
 (6) OCCUPATION Chief Clerk
 (7) Number of children born to mother, including present birth 2

MOTHER.
 (1) NAME BEFORE MARRIAGE Gertrude Brown
 (2) PRESENT POST OFFICE OF MOTHER Blount S.C.
 (3) COLOR Negro (4) AGE AT LAST BIRTHDAY 30
 (5) BIRTHPLACE Port Royal S.C.
 (6) OCCUPATION House Wife
 (7) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Now A. M. or P. M.)

(29) (Signature) Claudine B. Wilson
 (30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife Blount S.C.

Given name added from a supplemental report

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

(33) Filed Feb 19 1923 (34) W. H. K.

When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is desired or necessary before the fifth month of pregnancy.

MAKING UNNECESSARY FOR FILING. WHEN UNNECESSARY, WITH UNNECESSARY INFORMATION IN A PERMANENT RECORD. IN THE CASE OF TWIN OR TRIPLETS, A SUPPLEMENTAL REPORT MUST BE MADE FOR EACH CHILD, AND SENT TO THE BUREAU OF VITAL STATISTICS, No. 1, THIS OFFICE, No. 2, etc., IN QUESTION 2.