

(1) PLACE OF BIRTH

County of FlorenceTownship of Back Swamp

Inc. Town of

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

Registration District No.

No. for State Registrar Only

28275

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

Lorris (Annamie)

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

(a) SEX OR CHILD <u>Female</u>	(b) Type of Birth To be answered only in event of Twin or Triplet	(c) Number in order of birth <u>12</u>	(d) Are Parents Married? <u>Yes</u>	(e) DATE OF BIRTH <u>Sept 2, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(1) FULL NAME <u>Charlie Alford</u>	(14) NAME BEFORE MARRIAGE <u>Donella White</u>	(1) FULL NAME <u>Charlie Alford</u>	(14) NAME BEFORE MARRIAGE <u>Donella White</u>
(2) PRESENT POSTOFFICE OF FATHER <u>Florence, S.C. #1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Florence, S.C. #1</u>	(2) PRESENT POSTOFFICE OF FATHER <u>Florence, S.C. #1</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Florence, S.C. #1</u>
(3) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(3) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>
(4) BIRTHPLACE <u>Florence Co.</u>	(17) BIRTHPLACE <u>Darlington, S.C.</u>	(4) BIRTHPLACE <u>Florence Co.</u>	(17) BIRTHPLACE <u>Darlington, S.C.</u>
(5) OCCUPATION <u>Field Hand</u>	(18) OCCUPATION <u>Domestic</u>	(5) OCCUPATION <u>Field Hand</u>	(18) OCCUPATION <u>Domestic</u>
(6) Number of children born to mother, including present birth <u>12</u>	(19) Number of children of this mother now living, including present birth <u>10</u>	(6) Number of children born to mother, including present birth <u>12</u>	(19) Number of children of this mother now living, including present birth <u>10</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 10 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Josephine Alford

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife
Florence, S.C. #1

Given name added from a supplemental report

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

(25) Filed Sept 17, 1923 (26) A. J. M. Hunt Local Registrar

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