

## (1) PLACE OF BIRTH

County of RichmondTownship of Deerfield

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2101

File No. - For State Registrar Only

41115Registered No. 226  
(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 Hampton Stratford Alexander(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 6 19 27  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wilton Alexander(9) PRESENT POSTOFFICE OF FATHER Candlen(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE County D.C. Kansas(13) OCCUPATION Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE Wile Brown(15) PRESENT POSTOFFICE OF MOTHER Candlen(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 50 (Year)(18) BIRTHPLACE Keshaw(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Deerfield on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Thomas (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Candlen D.C.Given affidavit supported from a supplemental reportM. B. Proctor and10/1/42 19 42 Registrar

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

(27) Filed 10/1/42 (28) 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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