

Form No. 1

(1) PLACE OF BIRTH

County of GreeneTownship of Roweeor
Inc. Town ofor
City of

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

(2) Full Name of Child Estelle Alexander

File No.—For State Registrar Only

39540

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3502Registered No. 84
(For use of Local Registrar)(3) ~~Boy or~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth 5(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH Mar 29 1927
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAMEFrank Alexander(9) PRESENT
POSTOFFICE
OF FATHERSalem S.C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY27
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth5

MOTHER

(14) NAME BEFORE
MARRIAGEEstelle Abernethy(15) PRESENT
POSTOFFICE
OF MOTHERSalem S.C.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY27
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23)

(Signature)

Derrille Bowens

(24)

State whether Physician or Midwife

Midwife

(25)

Address of Physician or Midwife

Salem S.C.Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Dec 9 1927

(28)

Sam W. Smith
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.MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK IN A PERMANENT RECORD.
N. M.—In case of TWINS OR TRIPLETS use separate sheets, giving name of each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.