

(1) PLACE OF BIRTH

County of Horry
 Township of Sumner
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

40973

Registration District No. 2502 Registered No. 201
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Isabella Alston If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec 29 25</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Arthur Alston</u>			(14) NAME BEFORE MARRIAGE <u>Ruth Pyatt</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Conway S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Conway S.C.</u>	
(10) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Year)	
(12) BIRTHPLACE <u>Horry Co</u>			(18) BIRTHPLACE <u>Horry Co</u>	
(13) OCCUPATION <u>Labour</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henrietta C. Conway
 (24) State whether Physician or Midwife

Given name added from a supplemental report
M. N. Woodward
13/12
 Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Jan 2 1926
 (26) E. L. Moore 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.

MADE IN COLUMBIA, S. C.
 WRITE PLAINLY, WITH UNFADING INK, IN A PERMANENT INK, AND IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in column 1.