

Form No. 1

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of 2 mileCity of State road

(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. 9.11No. 605—For State Registrar

605

Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Lazarus Alston

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

(a) SEX OF CHILD <u>boy</u>	(b) Type or Figure <u>To be covered only in event of Twins or Triplets</u>	(c) Number in order of birth <u>1st</u>	(d) Age <u>2</u> years <u>0</u> months <u>0</u> days	(e) DATE OF BIRTH <u>Jan 9th 1923</u>
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FATHER.

(1) FULL NAME Robert Alston

(2) PRESENT POST OFFICE OF FATHER Mar. Yard, R. 2.

(3) COLOR OR RACE Colored

(4) BIRTHPLACE S.C.

(5) OCCUPATION Public work (laborer)

(6) Number of children born to mother, including present birth more than 10

MOTHER.

(1) NAME BEFORE MARRIAGE Margaret Alston

(2) PRESENT POST OFFICE OF MOTHER Mar. Yard, R. 2.

(3) COLOR OR RACE Colored

(4) BIRTHPLACE S.C.

(5) OCCUPATION Housework

(6) Number of children of this mother now living, including present birth 10

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) (Hour A. M. or P. M.)(29) (Signature) E. M. M. M.(30) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(31) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(32) Filed Jan. 19th 1923 (33) L. M. M. M.

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