

(1) PLACE OF BIRTH **CHARLESTON**  
 County of **CHARLESTON**  
 Township of .....  
 or  
 Town **CHARLESTON**

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**655 A**

Registration District No. **913** Registered No. ....  
 (For use of Local Registrar)

(No. **Wadmalaw Island, S.C.** ..... Ward)  
 occurs in a hospital or other institution, give name of same (street and number.)

ne of Child **Rebecca Alston** .....  
 (If child is not yet named, make supplemental report as directed)

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? **YES**

(7) DATE OF

BIRTH **Jan. 12 1922**  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME

**Liam Alston**

(9) PRESENT POSTOFFICE OF FATHER

**Palmetto St.**

(10) COLOR OR RACE

**Negro**

(11) AGE AT LAST BIRTHDAY **32**  
 (Years)

(12) BIRTHPLACE

**Wadmalaw Isl. S.C.**

(13) OCCUPATION

**Laborer - U.S. Navy Yard.**

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

**3**

**MOTHER.**

(14) NAME BEFORE MARRIAGE **Sarah Brown**

(15) PRESENT POSTOFFICE OF MOTHER

**Wadmalaw Isl. S.C.**

(16) COLOR OR RACE

**Negro**

(17) AGE AT LAST BIRTHDAY **29**  
 (Years)

(18) BIRTHPLACE

**Johns Island, S.C.**

(19) OCCUPATION

**Maid - Domestic**

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

**3**

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was **Born alive** **11 A. M.**  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

**Salvia White**

(24) State whether Physician or Midwife  
**Midwife**

(25) Address of Physician or Midwife  
**Wadmalaw Isl. S.C.**

Given name added from a supplemental report

(26) Witness

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

(27) Filed

**Sept. 13 1932**

(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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