

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of 11  
 or  
 Inc. Town of .....  
 or  
 City of 11

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

File No.—For State Registrar Only  
2450

Registration District No. 40-a Registered No. 39  
 (For use of Local Registrar)

(2) Full Name of Child James L. Alexander

(3) Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 8 1922  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

FATHER  
 (8) FULL NAME Andrew L. Alexander  
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.  
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Spartanburg S.C.  
 (13) OCCUPATION Candy maker  
 (20) Number of children born to mother, including present birth 14

MOTHER  
 (14) NAME BEFORE MARRIAGE Kattie Pettie  
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.  
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Newberry S.C.  
 (19) OCCUPATION Teacher  
 (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 Kenneth on the date above stated. (Born alive or stillborn) (Hour / M. or P. M.)

(23) (Signature) J. P. Mansel  
 (24) (Signature) Physician (25) Address of Physician or Midwife Spartanburg 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 2-1-22 (28) Jas. Copeland 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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MARGIN RESERVED FOR BUNDLING.

WHITE PLAIN:—IN FILING THIS—THIS IS A PERMANENT RECORD.  
 N. B.—In case of twins or triplets, make a separate blank for each child, and make the  
 PRINTED:—IN FILING THIS—THIS IS A PERMANENT RECORD.  
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LEGISLATIVE COUNCIL, COLUMBIA, S. C.  
 1922