

Form No. 1

(1) PLACE OF BIRTH

County of WilliamsTownship of Johnson

Incl. 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

19462

Registration District No. 4314 Registered No. 34
(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 Euthereum Alstan If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet

(5) Number in order of birth
To be answered only in event of Twin or Triplet(6) Are Parents Married Yes(7) DATE OF BIRTH Feb 26, 27
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willie Alstan(9) PRESENT POSTOFFICE OF FATHER Hamway P.C.(10) COLOR OR RACE Cauc(11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Law office work(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Miss Aiken(15) PRESENT POSTOFFICE OF MOTHER Hamway P.C.(16) COLOR OR RACE Cauc(17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was at 11 P. M.,
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(22) (Signature) Willie Alstan(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Hamway P.C.

Given name added from a supplemental report

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

(26) Filed 5/21 1923 (27) 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.