(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3130
23 33

County of Bamberg
Township of Buford's Bridge
or
Inc. Town of Olar
or
City of .....

Registration District No. 401

Registered No. .....
(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 Henry Alexander

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb. 15, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME William Alexander	(14) NAME BEFORE MARRIAGE Gladys Odom
(9) PRESENT POSTOFFICE OF FATHER Olar S C	(15) PRESENT POSTOFFICE OF MOTHER Olar S C
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE ~~S C~~ Fla.	(18) BIRTHPLACE S C
(13) OCCUPATION Public work	(19) OCCUPATION boading
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Fanny Clemmons
(24) State whether Physician or Midwife midwife
(25) Address of Physician or Midwife Olar S C

Given name added from a supplemental report .....
..... 19 .....
Registrar

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

(27) Filed Mar 8 1922 (28) J. E. Bennett
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.