

(1) PERSON OF COLOR  
County of Charleston

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

File No.—for State Registrar Only  
**3134**

Township of .....

Inc. Town of .....

City of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9 A

Registered No. 209

(For use of Local Registrar)

(2) Full Name of Child Alexander Nesbet

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

(1) BOY OR GIRL?

(4) Twin or Triplet?

(3) Number in order of birth

(5) Are Parents Married? Yes

(7) DATE OF BIRTH

(Month of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Alexander Nesbet

(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.

(10) COLOR OR RACE C. (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION Printer

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Venus Bowens

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Georgetown

(19) OCCUPATION Housework

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was alive, on the date above stated. (Born alive or stillborn) (Year) (Month) (Day)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 3/3 19123 (28) [Signature] 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.