

(1) PLACE OF BIRTH

County of Richland

Township of

or Inc. Town of

City of Columbia

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

(2) Full Name of Child Arthur Vernon Aleck

File No. - For State Registrar Only

12587

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 388Registered No. 45
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? x (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 6, 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Oswen Augustus Aleck
(9) PRESENT POSTOFFICE OF FATHER 1209 Scott St. Columbia
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39
(12) BIRTHPLACE Fairfield Co
(13) OCCUPATION FiremanMOTHER.
(14) NAME BEFORE MARRIAGE Mattie Lou Ballentine
(15) PRESENT POSTOFFICE OF MOTHER Ditto #9
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
(Name) (Year)
(18) BIRTHPLACE Fairfield Co
(19) OCCUPATION ✓(20) Number of children born to mother, including present birth 1. Three (21) Number of children of this mother now living, including present birth 1. Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Ralph K. Foster, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Columbia, 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 March 22, 1922 (28) W. J. G. Linn
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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N. B. - In case TWIN or TRIPLETS are a SEPARATE BIRTH, FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.