

Form No. 1

(1) PLACE OF BIRTH

County of DillonTownship of NorthvilleOF
Inc. Town ofOF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39937

Registration District No. 1602 Registered No. 157
(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 John Earl Alfred 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 case of Twin or Triplet (5) Are Parents Married Yes (6) DATE OF BIRTH Dec 12 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alexander Alfred(9) PRESENT POSTOFFICE OF FATHER Latta SC R.F.D.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Eight

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Bell Butler(15) PRESENT POSTOFFICE OF MOTHER Latta S.C. R.F.D. 1(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 33
(Year)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M.
on the date above stated. (Sign after birth) (Hour A.M. or P.M.)(23) (Signature) Foley Manning (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Latta SC 161

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 20 (28) P. F. Hardy 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.