

Form No 1.

(1) PLACE OF BIRTH

County of HarryTownship of Barbours

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give no. & of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43232

Registration District No. 2500 Registered No. 103

(For use of Local Registrar)

(2) Full Name of Child Gola S. Alford

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

(a) BOY OR GIRL? <u>girl</u>	(b) Twin or Triplet? <u>no</u>	(c) Number in order of birth <u>1</u>	(d) Are Parents Married? <u>yes</u>	(e) DATE OF BIRTH <u>Nov 15 1915</u>
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(3) FULL NAME OF FATHER <u>A. S. Alford</u> (9) PRESENT POSTOFFICE OF FATHER <u>W. A. Henderson S.C.</u> (10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>38</u> (Years) (12) BIRTHPLACE <u>Harry Co S.C.</u> (13) OCCUPATION <u>merman</u> (14) Number of children born to mother, including present birth <u>3</u>		(15) NAME BEFORE MARRIAGE <u>Wm. B. Alford</u> (16) PRESENT POSTOFFICE OF MOTHER <u>W. A. Henderson S.C.</u> (17) COLOR OR RACE <u>white</u> (18) AGE AT LAST BIRTHDAY <u>30</u> (Years) (19) BIRTHPLACE <u>Harry Co S.C.</u> (20) OCCUPATION <u>housewife</u> (21) Number of children of this mother now living, including present birth <u>3</u>	
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Barnabas at 2 (Specify A. M. or P. M.) on the date above stated.

(23) (Signature) <u>E. H. Strangier</u>	(24) State whether Physician or Midwife <u>midwife</u>	(25) Address of Physician or Midwife <u>Barbours S.C.</u>
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Given name added from a supplemental report

(26) Witness J. H. General (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Nov 15 1915 (28) J. H. General 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.

MAKING RECEIVED FOR BIRTHING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

McCaw, of Columbia