

(1) PLACE OF BIRTH  
 County of Georgetown  
 Township of .....

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

File No.—For State Registrar Only  
**52232**

or  
 Inc. Town of ..... Registration District No. 21-d Registered No. 23  
 (For use of Local Registrar)  
 or  
 City of Georgetown (No. 7 Street) ..... 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 March Alston ... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? μ (4) Twin or Triplet? ..... (5) Number in order of birth 2nd (6) Are Parents Married Yes (7) DATE OF BIRTH March 3 1911  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Henry Alston  
 (9) PRESENT POSTOFFICE OF FATHER Georgetown  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30  
 (Years)  
 (12) BIRTHPLACE Georgetown  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Annie Dindab  
 (15) PRESENT POSTOFFICE OF MOTHER Georgetown  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24  
 (Years)  
 (18) BIRTHPLACE Georgetown  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 1

**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) (Hour 7 A.M. or P.M.)  
 on the date above stated.

(23) (Signature) Midwife [Signature]  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ..... 1911  
 Registrar

(26) Witness Sarah Heyward .....  
 (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Mar 1911 (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.

WHEN THIS CERTIFICATE IS USED IN CONNECTION WITH THE REGISTRATION OF BIRTHS, THE REGISTRAR SHALL BE RESPONSIBLE FOR THE CORRECTNESS OF THE INFORMATION FURNISHED. IN CASE OF TWINS OR TRIPLETS, THE REGISTRAR SHALL BE RESPONSIBLE FOR THE CORRECTNESS OF THE INFORMATION FURNISHED FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.