

USE THIS FORM FOR TWINS OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, and mark on FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2.

(1) PLACE OF BIRTH  
 County of Richland  
 Township of Lower  
 or  
 Inc. Town of.....  
 or  
 City of.....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 3603 Registered No. 282  
 (For use of Local Registrar)

(2) Full Name of Child Arthur Alston  
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be reported only in event of Twins or Triplets	(5) Number in order of birth	(6) Age at Birth <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 17, 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>William Alston</u>			(14) NAME BEFORE MARRIAGE <u>Paula Gallman</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Hopkins S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Hopkins S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>20</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION	
(20) Number of children born to mother, including present birth <u>Three</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.  
 (Sign alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Jackson  
 (24) State whether Physician or Midwife  
 (25) Signature of Physician or Midwife  
Hopkins S.C.

Given name added from a supplemental report

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

(27) Filed 11/21/23 by Mr. J. N. Brown  
 Registrar 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.