

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville
 Township of Greenville
 OR
 Inc. Town of
 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 CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

84640

Registration District No. 2207
 (No. 1-58 St)
 Registered No. 426
 (For use of Local Registrar)
 (Ward) 1st

(2) Full Name of Child Callie Lee Alexander

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1
 To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 24 1922
 (Name, Month, Day, Year)

FATHER

(8) FULL NAME Homer Ward Alexander
 (9) PRESENT POSTOFFICE OF FATHER 3rd St #1, Greer, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 22
 (Years) (12) BIRTHPLACE Anderson Co.
 (13) OCCUPATION Textile worker
 (20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Clara May Pearson
 (15) PRESENT POSTOFFICE OF MOTHER Same
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
 (Years) (18) BIRTHPLACE Cherokee Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Clara Pearson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) OCT. 11 22 (28) A. H. Mackey
 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.

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