

(1) PLACE OF BIRTH

County of Michigan
 Township of Detroit
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

19104

Registration District No. 2701 Registered No. 121
 (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 Jessie 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 (6) Are Parents Married? No (7) DATE OF BIRTH June 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Alexander
 (9) PRESENT POSTOFFICE OF FATHER Detroit, Mich.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30
 (Year)
 (12) BIRTHPLACE Ind
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Alexander
 (15) PRESENT POSTOFFICE OF MOTHER Detroit, Mich.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 26
 (Year)
 (18) BIRTHPLACE Ind
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 4
 (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 12 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. C. Alexander(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 1122 W. 11th St.

Given name added from a supplemental report

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

(27) Filed July 6, 1910 (28) W. H. Miles
 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.