

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Spartanburg STATE OF SOUTH CAROLINA.  
Township of Heraklee Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
44627

Inc. Town of ..... Registration District No. 4007 Registered No. 131  
(For use of Local Registrar)  
City of ..... (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 Norman Charles Alex If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? no (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 27 1915  
(Name of Month) (Day) (Year)

FATHER.  
8) FULL NAME Wm Alexander  
9) PRESENT POSTOFFICE OF FATHER Heraklee S.C.  
10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)  
12) BIRTHPLACE Heraklee S.C.  
13) OCCUPATION mining  
20) Number of children born to mother, including present birth one

MOTHER.  
14) NAME BEFORE MARRIAGE Anna Hamilton  
15) PRESENT POSTOFFICE OF MOTHER Heraklee S.C.  
16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 4 (Years)  
18) BIRTHPLACE Charlottesville  
19) OCCUPATION housewife  
21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Male at 2:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. E. ...  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Heraklee S.C.

Given name added from a supplemental report  
James G. 1916  
Chromley  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 27 1915 (28) B. C. ... Local Registrar.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD—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 5.  
City of Spartanburg

\*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.