

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12082

12082

County of AndersonTownship of Anderson

or

Inc. Town of

or

City of

Registration District No. H. 000Registered No. 38

(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

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in case of Twin or Triplet

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Apr 2 23

(Month of birth) (Day) (Year)

FATHER

(8) FULL NAME J. M. McAlister(9) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY

45(12) BIRTHPLACE Anderson(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Quentin Moore(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY

37(18) BIRTHPLACE Anderson(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(22) (Signature) W. F. Smith

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(25) Witness

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

(26) Filed May 9

(27)

1923

(28)

Mrs. J. C. White

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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