

## (1) PLACE OF BIRTH

County of Pickens

Township of .....

or  
Inc. Town of .....City of Easley SC

(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

36060

Registration District No. 27-2 Registered No. 149  
(For use of Local Registrar)(2) Full Name of Child Francis Sku Exander { 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? Yes (7) DATE OF BIRTH Oct. 27, 1922  
(Name of Month) (Day) (Year)FATHER: ALEXANDER MOTHER: Stat. Hodd(8) FULL NAME Clifton Alexander (14) NAME BEFORE MARRIAGE Stat. Hodd(9) PRESENT POSTOFFICE OF FATHER Easley SC (15) PRESENT POSTOFFICE OF MOTHER Easley SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30  
(Years) (Years)(12) BIRTHPLACE Georgia (18) BIRTHPLACE SC(13) OCCUPATION mill hand (19) OCCUPATION mill hand(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:45 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. J. J. J. J.(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Easley SC

Given name added from a supplemental report

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

(27) Filed Nov. 4, 1922 (28) W. H. J. J. J. 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.

If a child is born before the fifth month of pregnancy, no report is desired of stillbirths before the