

MARGINS RESERVED FOR BINDING.
WRITE PLAINLY, WITH LEADING INK.—FILL IN A PERMANENT RECORD.
N. B.—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 6.

(1) PLACE OF BIRTH

County of Maryland
Township of Chesapeake
or
Inc. Town of.....
or
City of Maryland (No.St.;Ward)
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

19421

Registration District No. 32A

Registered No. 43
(For use of Local Registrar)

(2) Full Name of Child

Alrett A. Tuberson

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 1st (6) Are Parents Married? yes (7) DATE OF BIRTH June 20, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Isomah Tuberson
9. PRESENT POSTOFFICE OF FATHER Maryland
10. COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY..... (Years)
12. BIRTHPLACE Maryland
13. OCCUPATION farmer
20. Number of children born to mother, including present birth 1st

MOTHER.

14. NAME BEFORE MARRIAGE Alcott Johnson
15. PRESENT POSTOFFICE OF MOTHER Maryland
16. COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY..... (Years)
18. BIRTHPLACE Maryland
19. OCCUPATION house work
21. Number of children of this mother now living, including present birth 3 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5:45 a.m. on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)

(23) (Signature) Josephine M. Tuberson

(24) State whether Physician or midwife midwife

(25) Address of Physician or Midwife 1011 N. 1st St.

Given name added from a supplemental report

(26) Witness Wm. L. Tuberson

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

(27) Filed 10/21/22

(28) Local Registrar Josephine M. Tuberson

*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.