

(1) PLACE OF BIRTH

County of YorkTownship of Broad River

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4400 Registered No. 27
(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 Thomas D. Alexander If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet 4 (5) Are Parents Married yes (6) DATE OF BIRTH Nov. 16, 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Thomas D. Alexander</u>	(14) NAME BEFORE MARRIAGE <u>Lena Wilson</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Myrna, S.C. R-2</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Myrna, S.C. R-2</u>
(10) COLOR OR RACE <u>white</u>	(12) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(14) COLOR OR RACE <u>white</u>	(16) AGE AT LAST BIRTHDAY <u>32</u> (Year)
(12) BIRTHPLACE <u>York Co. S.C.</u>	(18) OCCUPATION <u>Farmer</u>	(14) BIRTHPLACE <u>York Co. S.C.</u>	(16) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>4</u>	(22) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 a.m.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(24) (Signature) W. H. Wood

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Wiley Ave. S.C.

(When name added from a supplemental report)

James F. Farnley
7th. 25, 1924
Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 8, 1923 (28) S. H. Wilkerson
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.