

WHITE PLAINLY, WITH UNFADING INK—THIS IS 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		2823	
Township of <u>Adam West</u>		Bureau of Vital Statistics			
or Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>104</u>		Registered No. <u>4</u>	
(No.)		St.		Ward (If child is not yet named, make supplemental report as directed.)	
(2) Full Name of Child <u>Isaac McAlister</u>					
(3) <u>BOY OR GIRL</u>	(4) <u>Twins or Triplets?</u> <u>1</u>	(5) <u>Number in order of birth</u> <u>7</u>	(6) <u>Are Parents Married?</u> <u>ye</u>	(7) <u>DATE OF BIRTH</u> <u>Feb 14</u> <u>1922</u>	
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) <u>FULL NAME</u> <u>Boyl McAlister</u>			(14) <u>NAME BEFORE MARRIAGE</u> <u>Billie Hammon</u>		
(9) <u>PRESENT POSTOFFICE OF FATHER</u> <u>Adam West</u>			(15) <u>PRESENT POSTOFFICE OF MOTHER</u> <u>Adam West S.C.</u>		
(10) <u>COLOR OR RACE</u> <u>White</u>			(16) <u>COLOR OR RACE</u> <u>White</u>		
(11) <u>AGE AT LAST BIRTHDAY</u> <u>35</u> (Years)			(17) <u>AGE AT LAST BIRTHDAY</u> <u>34</u> (Years)		
(12) <u>BIRTHPLACE</u> <u>Abbeville S.C.</u>			(18) <u>BIRTHPLACE</u> <u>Georgia</u>		
(13) <u>OCCUPATION</u> <u>Dorman</u>			(19) <u>OCCUPATION</u> <u>Housewife</u>		
(20) <u>Number of children born to mother, including present birth</u> <u>7</u>			(21) <u>Number of children of this mother now living, including present birth</u> <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>7:00 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Isaac McAlister</u>		(25) <u>Address of Physician or Midwife</u> <u>Adam West</u>			
(24) <u>State whether Physician or Midwife</u>					
Given name added from a supplemental report		(26) <u>Witness</u> (Signature of Witness necessary only when question 23 is signed by mark)			
(27) <u>Filed Feb 19 1922</u>		(28) <u>Local Registrar</u>			

*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.