

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Liberty  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

4915

Registration District No. 3107

Registered No. 12  
(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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 8, 1911  
 To be answered only in event of Twins or Triplets (Specify Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mr. C. J. Alvarado  
 (9) PRESENT POSTOFFICE OF FATHER Lexington S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farm Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary M. Cartha  
 (15) PRESENT POSTOFFICE OF MOTHER Lexington S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Domestic

(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 at 7:30 A.M. at 7:30 A.M. on the date above stated. (Specify alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. C. J. Alvarado(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lexington S.C.

Given name added from a supplemental report

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

(27) Filed ..... 1911

(28) W. O. Shealy 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.

Before the fifth month of pregnancy