

(1) PLACE OF BIRTH

County of Granville
 Township of Oak Grove
 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

30546

Registration District No. 2212 Registered No. 65
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Cecil Alverson 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 Sept 24 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jodie Alverson
 (9) PRESENT POSTOFFICE OF FATHER Pelzer R 3
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Bagwell
 (15) PRESENT POSTOFFICE OF MOTHER Pelzer R 3 SC
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28
 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION domestic
 (21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. A. Stoddard(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 24 1922

(28)

Local Registrar

Registrar

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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.