

## (1) PLACE OF BIRTH

County of Sumter

Township of .....

or  
Inc. Town of .....or  
City of Sumter

(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

No. 1a.—For Local Registrar Use  
531Registration District No. 41-A Registered No. 27

(For use of Local Registrar)

(No. 412 Church St.; 2 Ward)(2) Full Name of Child Walter Darnard Alexander If child is not yet named, make supplemental report as directed(3) SEX OR GUILD Boy (4) Type of Trunk To be reported only in event of Trunk or Trights (5) Number in order of birth 1 (6) Age of child at birth 2 (7) DATE OF BIRTH Feb 2 1923 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert J. Alexander(9) PRESENT POST OFFICE OF FATHER Sumter S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Sumter S.C.(13) OCCUPATION Traveling Salesman(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Glenn Turner(15) PRESENT POST OFFICE OF MOTHER Sumter S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Year)(18) BIRTHPLACE Sumter S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) E. A. Moore M.D.(23) State whether Physician or Midwife (24) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

Walter Darnard

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

(26) Filed MARCH 2 1923 (27) E. A. Moore M.D. 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.

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