

(1) PLACE OF BIRTH

County of DorchesterTownship of Roger

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40044

Registration District No. 1705 Registered No. 76
(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 Everett F. McAlhany (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>1</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 13 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Levine F. McAlhany(9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Year)(12) BIRTHPLACE Geringburg County(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Octavia Reeves(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE Dorchester County(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3 (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 born alive at 10:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. H. Thomas(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife M. D. Branchville 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 Dec 13 1923 (28) E. C. Eberhardt Local Registrar19
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.