

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofCity of Anderson

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

(2) Full Name of Child

Mamie AlexanderNo. - For this register
38427Registration District No. 3ARegistered No. 464
(For use of Local Registrar)(3) BOY OR
GIRLgirl(4) Type
or Title

To be completed only in case of Type or Title

(5) Number in
order of birth(6) Are
Parents
Married

(7) DATE OF

BIRTH Dec 5 1933
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMERobert M. Alexander(9) PRESENT
POSTOFFICE
OF FATHERAnderson, S. C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY26

(12) BIRTHPLACE

Marion Co. S. C.

(13) OCCUPATION

mill operator(14) Number of children born to
mother, including present birth11

MOTHER.

(15) NAME BEFORE
MARRIAGEMamie Alexander(16) PRESENT
POSTOFFICE
OF MOTHERAnderson, S. C.(17) COLOR
OR
RACEwhite(18) AGE AT LAST
BIRTHDAY37

(19) BIRTHPLACE

Parkers Co. S. C.

(20) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplement-
tal report)

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mother)F. B. CRAYTON,

(27) Filed

(28) ANDERSONWhen 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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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