

(1) PLACE OF BIRTH

County of SummitTownship of 4or
Inc. Town of Summitor
City of Summit

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

(2) Full Name of Child James C. Alexander

File No. - For State Registrar Only

42708

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1209 B Registered No. 431

(For use of Local Registrar)

(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 July 28 1924
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME James C. Alexander
(9) PRESENT POSTOFFICE OF FATHER Summit SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Teacher
(20) Number of children born to mother, including present birth 3MOTHER.
(14) NAME BEFORE MARRIAGE Little Bolton
(15) PRESENT POSTOFFICE OF MOTHER Summit SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Teacher
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. T. Walker(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summit

Given name added from a supplemental report

(26) Witness John M. [Signature]
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 30 1924 (28) John M. [Signature] Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.