

File No.—For State Registrar Only

County of Augusta
Township of Barfield
or
Inc. Town of.....
or
City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

30842

Registration District No. 7700 Registered No. 130
(For use of Local Registrar)
(No. St.; Ward)
Institution, give name of same instead of street and number

(2) Full Name of Child Alice Helton

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth
To be answered only in event of Twins or Triplets		

(8) Are Parents Married? ☒

(7) DATE OF BIRTH September 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Colon. Helton

(9) PRESENT POSTOFFICE OF FATHER *Kershner*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY... *14*...

(12) BIRTHPLACE Germany

(13) OCCUPATION *farmer*

(20) Number of children born to mother, including present birth 12

MOTHER

(14) NAME BEFORE MARRIAGE *Lillian*

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE *Polish* (17) AGE AT LAST BIRTHDAY *23*

(18) BIRTHPLACE
Koraput

(19) OCCUPATION *Farmer*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at a n. m.
on the date above stated. (Born alive or stillborn) (Home or Hospital)

(23) (Signature) mil will Ballil simmons
(24) State whether Physician or Midwife

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplemental report

(26) Witness Edin Knol
(Signature of Witness necessary only
when question 23 is signed by mother)

(27) Filed (3) 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.