

Form No. 1

(1) PLACE OF BIRTH

County of *Sumner*Township of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*City of *Maryesville*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

12990

Registration District No. *4102*Registered No. *9*

(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 *James Alivander* If child is not yet named, make supplemental report as directed1. SEX OR *Boy*2. DATE OF BIRTH *Feb 9 1922*

(Name of Month) (Day) (Year)

3. TWIN OR TRIPLET? *No*4. NUMBER IN ORDER OF BIRTH *No*5. ARE PARENTS MARRIED? *No*

FATHER.

6. FULL NAME

7. PRESENT POSTOFFICE OF FATHER

8. COLOR OR RACE *Col*9. BIRTHPLACE *SC*

10. OCCUPATION

11. AGE AT LAST BIRTHDAY (Years)

12. BIRTHPLACE

13. OCCUPATION

14. NAME BEFORE MARRIAGE *Dessner Nobles*15. PRESENT POSTOFFICE OF MOTHER *Maryesville*16. COLOR OR RACE *Col*

17. AGE AT LAST BIRTHDAY (Years)

18. BIRTHPLACE

19. OCCUPATION

20. NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH

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* at *10 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) Signature *Butler Alivander*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Maryesville SC*

Given name added from a supplemental report

(26) Witness

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

(27) File *Feb 11 1922*

(28) 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.

MARGIN RESERVED FOR BINDING
WHITE PLAINLY, WITHOUT DISGUISE—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS, TRIPLETS, or a SEPARATE DEATH FOR EACH CHILD, and mark the FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.