

FORM NO. 1.

(1) PLACE OF BIRTH
 County of DeWitt
 Township of 2. 27 James
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
48195

Registration District No. 101 Registered No. 30001
 (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. Arnold Alexander } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? / <small>Is to be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 14 1914</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Hoover Edward Wood Alexander</u>			(14) NAME BEFORE MARRIAGE <u>Fannie Lomb</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville S.C.</u>	
(10) COLOR OR RACE <u>white</u>		(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	
(12) BIRTHPLACE <u>Cottagersville</u>			(17) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	
(13) OCCUPATION <u>Tanner</u>			(18) BIRTHPLACE <u>near Padburg</u>	
(20) Number of children born to mother, including present birth <u>eight</u>			(19) OCCUPATION <u>House work</u>	
			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Carl Vance J. Polack M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Midwife Summerville S.C.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

July 22 1914
D. M. L. [Signature]
 Registrar

(26) Witness C. M. Varner
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 14 1914 (28) [Signature]
 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.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 McCay, of Columbia