

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.

Form No. 1

(1) PLACE OF BIRTH

County of Durham S.C.

Township of .....

or

Inc. Town of Mayerville S.C.

or

City of .....

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

(2) Full Name of Child John William Alexander

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**36558**

Registration District No. ....

Registered No. 28  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(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 Sept 27 19 22 (Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME State Alexander

(9) PRESENT POSTOFFICE OF FATHER Mayerville S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Mayerville S.C.

(13) OCCUPATION Train Porter

(20) Number of children born to mother, including present birth 18

MOTHER.

(14) NAME BEFORE MARRIAGE Silvia Whitson

(15) PRESENT POSTOFFICE OF MOTHER Mayerville S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE Mayerville S.C.

(19) OCCUPATION House Keeping

(21) Number of children of this mother now living, including present birth 18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 4:20 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Better Alexander (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayerville S.C.

Given name added from a supplemental report

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

(27) Filed Sept 27 19 22 C. W. Cross 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.