

(1) PLACE OF BIRTH

County Spitnburg
 Township of Reidville
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. for State Registrar only

37720

Registration District No. 227Registered No. 118
 (For use of Local Registrar)

City Reidville (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 Eugene Alexander If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Oct. 20 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Albert W. Alexander
 (9) PRESENT POSTOFFICE OF FATHER Moore S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41 (Year)
 (12) BIRTHPLACE N.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Sara High
 (15) PRESENT POSTOFFICE OF MOTHER Moore S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. H. Wright, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Moore S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 10 1923 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.

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