

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of Antan

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3286

Registration District No. 708 Registered No. 27
(For use of Local Registrar)

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

(2) Full Name of Child Mable McAlister

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

1. Sex of Child <u>GIRL</u>	4. Twin or Triplet? <u>No</u>	5. Number in order of birth <u>2</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Feb 5th 22</u> (Name of Month) (Day) (Year)
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FATHER.

2. FULL NAME Frank McAlister3. PRESENT POSTOFFICE OF FATHER Lowndes10. COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)12. BIRTHPLACE Berkeley Co13. OCCUPATION Farming20. Number of children born to mother, including present birth 1 one

MOTHER.

14. NAME BEFORE MARRIAGE Minnie McAlister15. PRESENT POSTOFFICE OF MOTHER Lowndes16. COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)18. BIRTHPLACE Berkeley Co19. OCCUPATION Housewife21. Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Patricia Rembert(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lowndes

Given name added from a supplemental report

(26) Witness Lillian Gross
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb 15th 22 (28) Local Registrar DW Gross

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.

NATION RECEIVED FOR INSURING
 WHOLESALE INSURANCE—THIS IS A PERMANENT RECORD.
 X. B.—In case of TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.