

(1) PLACE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA
 Township of St. Andrew Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

17020

Inc. Town of Registration District No. 92.9 Registered No. 94
 City of (No. North Charleston) (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 Alice Barbara Irwin If child is not yet named, make supplemental report as directed

(1) SEX OR GIRL <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 16</u> 23 (Name of Month) (Day) (Year)
(8) FULL NAME <u>Eli Irwin</u>			(9) NAME BEFORE MARRIAGE <u>Alta Reid</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>N. Charleston S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>N. Charleston S.C.</u>	
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(16) BIRTHPLACE <u>Meriden Co. Ala.</u>			(17) BIRTHPLACE <u>Chesham Co. Ala.</u>	
(18) OCCUPATION <u>Spinner</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>three</u>			(21) Number of children of this mother now living, including present birth <u>three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Hines
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician N. Charleston S.C.

(26) Witness (Signature of Witness necessary only when question 25 is signed by machine)

(27) Filed Mar. 2, 1923 (28) W. B. Saxe Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, as 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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