

(1) PLACE OF BIRTH

County of Union
 Township of Belton
 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

12310

Registration District No. 420.7 Registered No. 35
 (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

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

(1) Sex Male (2) Twin or Triplet No (3) Number in order of birth 1 (4) Are Parents Married Yes (5) DATE OF BIRTH 4/22/23
 (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME James B. Alman
 (7) PRESENT POSTOFFICE OF FATHER Belton S.C. 3rd Dist. 1
 (8) COLOR OR RACE W (9) AGE AT LAST BIRTHDAY 44 (Year)
 (10) BIRTHPLACE Union S.C.
 (11) OCCUPATION Farmer
 (12) Number of children born to mother, including present birth 1/2

MOTHER.

(13) NAME BEFORE MARRIAGE Lula Joiner
 (14) PRESENT POSTOFFICE OF MOTHER Belton S.C. 3rd Dist. 1
 (15) COLOR OR RACE W (16) AGE AT LAST BIRTHDAY 35 (Year)
 (17) BIRTHPLACE Wilkes S.C.
 (18) OCCUPATION Domestic
 (19) Number of children of this mother now living, including present birth 1/6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour 11:30 a.m. M. or P. M.) on the date above stated.

(21) (Signature) [Signature] (22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(25) Filed 5/10/23 (26) J. J. Farrel Local Registrar

19
 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.