

(1) PLACE OF BIRTH

County of HoraceTownship of Horaceor
Inc. Town of Horaceor
City of Horace

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12-For State Registrar Only

28244

Registration District No. 20-ARegistered No. 285

(For use of Local Registrar)

(No. 1020 E. P. W. St.; Ward)(2) Full Name of Child Martha Alexander

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

(1) BOY OR GIRL <u>girl</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Age Present Months <u>4</u>	(5) DATE OF BIRTH <u>Sept. 23</u> (Name of Month) (Day) (Year)
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FATHER

(6) FULL NAME Jake Alexander(7) PRESENT POSTOFFICE OF FATHER Horace(8) COLOR OR RACE colored (9) AGE AT LAST BIRTHDAY 27 (Year)(10) BIRTHPLACE Horace, S.C.(11) OCCUPATION School(12) Number of children born to mother, including present birth 3

MOTHER

(13) NAME BEFORE MARRIAGE Julia Saunders(14) PRESENT POSTOFFICE OF MOTHER Horace(15) COLOR OR RACE colored (16) AGE AT LAST BIRTHDAY 23 (Year)(17) BIRTHPLACE Horace, S.C.(18) OCCUPATION Domestic(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(21) (Signature) Mary W. Wilson

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife midwife

(24) Given name added from a supplemental report

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

(26) Filed 9-11-23 (27) P. A. Busham

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of miscarriages before the fifth month of pregnancy.