CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
87903

(1) PLACE OF BIRTH:
County of York
Township of Bullock Creek
or
Inc. Town of .....
or
City of .....

Registration District No. 4402. Registered No. 81
(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 Alexander Faulkner (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twins or Triplets		yes	Nov. 22, 1916 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Arthur Faulkner	(14) NAME BEFORE MARRIAGE	Julia Ann Roberts
(9) PRESENT POSTOFFICE OF FATHER	Hickory Grove S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Hickory Grove S.C.
(10) COLOR OR RACE	Negro	(11) AGE AT LAST BIRTHDAY 32 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE	York Co. S.C.		(18) BIRTHPLACE York Co S.C.
(13) OCCUPATION	Farming		(19) OCCUPATION Housekeeping
(20) Number of children born to mother, including present birth	6		(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edeline Grier

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Hickory Grove

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec. 7 1916 (28) J. E. McAliley
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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PLACE MARK (X) IN THE SQUARE AFTER THE ONE ANSWER, No. 1, THE OTHER, No. 2, etc., in question 5.