

(1) PLACE OF BIRTH

County of *Alameda*

Township of

Sec. Town of *11*

City of

(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

11958

Registration Number *40-0* Registered No. *148*
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make appropriate entry as directed

(a) SEX <i>Male</i>	(b) AGE at birth <i>2 hours</i>	(c) RACE of father <i>White</i>	(d) SEX <i>Male</i>	(e) AGE at birth <i>29</i>	(f) RACE of mother <i>White</i>
(g) FULL NAME OF FATHER <i>J. W. Towell</i>			(h) FULL NAME OF MOTHER <i>Anna Rogers</i>		
(i) CURRENT RESIDENCE OF FATHER <i>Sgt. S. C.</i>			(j) CURRENT RESIDENCE OF MOTHER <i>Sgt. S. C.</i>		
(k) COLOR OF FATHER <i>W</i>	(l) AGE AT LAST BIRTHDAY <i>33</i>	(m) COLOR OF MOTHER <i>W</i>	(n) AGE AT LAST BIRTHDAY <i>29</i>		
(o) BIRTHPLACE OF FATHER <i>Grinnville Sc</i>			(p) BIRTHPLACE OF MOTHER <i>Quinn Sc</i>		
(q) OCCUPATION OF FATHER <i>Mechanic</i>			(r) OCCUPATION OF MOTHER <i>Domestic</i>		
(s) Number of children born to mother, including present birth <i>5</i>			(t) Number of children of father, including present birth <i>4</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was M.
on the date above stated. (Supervising Physician or P. M.)(23) (Signature) *J. J. Gray*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplementary report

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

(27) Filed *5-1-23* (28) *Jas. C. Cole* Local Registrar

When filed, this report shall be returned to the father, household, or, should such the return, to a child's guardian, who shall be reported as guardian. No report is desired of stillbirths before the fifth month of pregnancy.

If a child is born dead, no report is desired. No report is desired of stillbirths before the fifth month of pregnancy.