

## (1) PLACE OF BIRTH

County of *Sumter*Township of *Beffing Creek*

Inc. Town of .....

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

Registration District No. *4-1-2-6* Registered No. *97*

File No.—For State Registrar Only

74927

(For use of Local Registrar)

(2) Full Name of Child *Theodor Alston*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth *2*(6) Are Parents Married? *Yes*

(7) DATE OF

BIRTH *Aug 29, 1916*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Josh Alston*(9) PRESENT POSTOFFICE OF FATHER *Rembert SC*(10) COLOR OR RACE *negro*(11) AGE AT LAST BIRTHDAY *21*  
(Years)(12) BIRTHPLACE *Sumter Co*(13) OCCUPATION *Field Laborer*(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Eileen Alston*(15) PRESENT POSTOFFICE OF MOTHER *Rembert*(16) COLOR OR RACE *negro*(17) AGE AT LAST BIRTHDAY *22*  
(Years)(18) BIRTHPLACE *Sumter Co*(19) OCCUPATION *House Wife*(21) Number of children of this mother now living, including present birth *2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *10:00* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Nancy X Sany*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Rembert*

Given name added from a supplemental report

(26) Witness *McHallee*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Sept 6, 1916* (28) *McHallee* 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.