

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Charleston*  
Township of *St. P. St. M.*  
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

41398

Registration District No. *909* Registered No. *217*  
(For use of Local Registrar)

(No. *North Charleston* Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Eliza Alexander* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec. 9, 1922*  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME *Charles Alexander*  
(9) PRESENT POSTOFFICE OF FATHER *North Charleston*  
(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *28*  
(Years)  
(12) BIRTHPLACE *Fountain N. C.*  
(13) OCCUPATION *Laborer at Asbestos Fact.*  
(20) Number of children born to mother, including present birth *3*

MOTHER.  
(14) NAME BEFORE MARRIAGE *Elizabeth Anderson*  
(15) PRESENT POSTOFFICE OF MOTHER *North Charleston*  
(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *21*  
(Years)  
(18) BIRTHPLACE *Charleston S. C.*  
(19) OCCUPATION *Housework*  
(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7 P. M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Rachel Watson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *R. Midwife*

Given name added from a supplemental report

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

(27) Filed *Dec. 20, 1922* (28) *C. F. Myers* 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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