

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of *Sumter*Township of *Krafting Creek*or
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

Amended P-1 OCT 5 1978
File No. — For State Registrar Only
74915Registration District No. *4106* Registered No. *83*

(For use of Local Registrar)

(2) Full Name of Child *Alice Allen*

{ 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 *8*

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Aug 4* 191*6*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Burce Allen

(9) PRESENT POSTOFFICE OF FATHER

Rambut(10) COLOR OR RACE *negro*(11) AGE AT LAST BIRTHDAY *33*
(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Field Laborer(20) Number of children born to mother, including present birth { *8* }

MOTHER.

(14) NAME BEFORE MARRIAGE

Klaracy Dixon

(15) PRESENT POSTOFFICE OF MOTHER

Rambut(16) COLOR OR RACE *negro*(17) AGE AT LAST BIRTHDAY *25*
(Years)

(18) BIRTHPLACE

Sumter

(19) OCCUPATION

House Wkr(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* at *1* P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Natty Allen*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife *Rambut*

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness

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

(27) Filed *Aug 9* 191*6*

(28)

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.