

Form No 1.

## (1) PLACE OF BIRTH

County of YorkTownship of Bethelor  
Inc. Town of .....or  
City of .....

(No. .... St.; .... Ward)

(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

File No.—For State Registrar Only

54148

Registration District No. 4400 Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child Allison { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar 31 1906</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Will Allison(9) PRESENT POSTOFFICE OF FATHER Clower # 3(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE York Co S C(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 6 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Armstrong(15) PRESENT POSTOFFICE OF MOTHER Clower # 3(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE York Co S C(19) OCCUPATION Housewife(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 Alive at 4 ..... 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Melissa Armstrong

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

midwife Clower

Given name added from a supplemental report

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

(27) Filed Apr 8 1906 (28) N. A. Quisenberry 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.

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.

Caw. of Columbia