

## (1) PLACE OF BIRTH

County of GreenwoodTownship of WassonCity of Wasson

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30619

Registration District No. 23.14Registered No. 95  
(For use of Local Registrar)

St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child Margaret Anna AllenDATE OF BIRTH Sept 24 22

(Name of Month) (Day) (Year)

(3) BOY OR GIRL girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes

FATHER.

(14) NAME BEFORE MARRIAGE Mattie Leamon(15) PRESENT POSTOFFICE OF FATHER Wasson(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34(18) BIRTHPLACE Leamon W.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 3(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(23) (Signature) M. Leamon(24) State South Carolina(25) Address of Physician or Midwife Wasson(26) Witness Se(27) Filed Oct 12 1922(28) Local Registrar Se

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.