

MARGIN RESERVED FOR FILING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
M. 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 1.

McKay, of Columbia

(1) PLACE OF BIRTH
County of Saluda
Township of Forest Hill
Inc. Town of #4
City of Forest Hill
(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
26141

Registration District No. 2903 Registered No. _____
(For use of Local Registrar)

(2) Full Name of Child James Rhett Allen
If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(3) Number in order of birth <u>2</u>	(5) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>7/11/23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Nathan Scott Allen</u>			(14) NAME BEFORE MARRIAGE <u>Rhett Warren</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Saluda R 2 S.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Saluda R 2 S</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	
(12) BIRTHPLACE <u>Edgefield Co</u>			(18) BIRTHPLACE <u>Anderson S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Wagon up</u>	
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. or P. M.)

(23) (Signature) [Signature]

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

Given name added from a supplemental report _____

Registrar

(26) Witness _____
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 10, 1923 (28) Marie Grant 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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