

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 8.  
 RECORD OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charlotte  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.: ..... Ward)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 1205

File No.—For State Registrar Only  
**3705**

Registered No. 20  
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1  
 To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 3, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME P. J. Allen  
 (9) PRESENT POSTOFFICE OF FATHER Pauline S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 15

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Sarah Gully  
 (15) PRESENT POSTOFFICE OF MOTHER Pauline S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth 17

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Lewis G. Gosline  
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Mt. Criffin S.C.

Given name added from a supplemental report  
 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed ..... 19 ..... (28) J. B. Ledford 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.