

(1) PLACE OF BIRTH

County of FlamuccaTownship of Flamuccaor
Inc. Town of Flamuccaor
City of Flamucca

(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

81629

Registration District No. 2015 Registered No. 765
(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.)2) Full Name of Child. Marie Allen } If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 25 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lester Allen(9) PRESENT POSTOFFICE OF FATHER Immucsville SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth { one }

MOTHER.

(14) NAME BEFORE MARRIAGE Leas Benjamin(15) PRESENT POSTOFFICE OF MOTHER Immucsville SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { one }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maya Dargel

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

Midwife Immucsville

(26) Name added from a supplemental report

191....

Registrar

(26) Witness W. C. Thomas
(Signature of witness necessary only when question 26 is signed by mark)(27) Filed 11/2/16 191.... (28) W. C. Thomas Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.