

## (1) PLACE OF BIRTH

County of AlbemarleTownship of Sycamore

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2028

Registration District No. 4608Registered No. 14

(For use of Local Registrar)

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

(2) Full Name of Child Ralph Freeman Allen

Child is not yet named. Make supplemental report as directed.

(3) BOY OR

Girl

(4) Twin

or Triplet

(5) Number in

order of birth

(6) Are

Parents

Married

(7) DATE OF

BIRTH

Feb. 13, 1922

(Name of Month)

(Year)

## FATHER.

(5) FULL

NAME

W B Allen

(9) PRESENT

POSTOFFICE

OF FATHER

Sycamore

(10) COLOR

OR

RACE

White

(11) AGE AT LAST

BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Bannwell Co

(13) OCCUPATION

Fanning

(20) Number of children born to

mother, including present birth

1

## MOTHER.

(14) NAME BEFORE

MARRIAGE

Alma B. Soadholt

(15) PRESENT

POSTOFFICE

OF MOTHER

Sycamore

(16) COLOR

OR

RACE

White

(17) AGE AT LAST

BIRTHDAY

32

(Years)

(18) BIRTHPLACE

Bannwell Co

(19) OCCUPATION

Housekeeping

(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 alive, at 9:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

Mary Pruster

(25) Address of Physician or Midwife

Minerva Sycamore

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 16, 1922

(28) Local Registrar

J C May Jr

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.  
 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.  
 STATE OF SOUTH CAROLINA, Column 5, 6