

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Chesterfield
 Township of Pee. Sec.
 or
 Inc. Town of.....
 or
 City of

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 12. P. 8. Registered No. 13
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
76405

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 23, 1916</u> (Name of Month) (Day) (Year)
-----------------------------	--	---------------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME Joseph Allen

(9) PRESENT POSTOFFICE OF FATHER Cash, S. C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Rowwood, N. C.

(13) OCCUPATION Saw Mill

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Montague

(15) PRESENT POSTOFFICE OF MOTHER Cash, S. C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE Cash, S. C.

(19) OCCUPATION Farming

(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 at 4:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Guimpy Brown

(24) State whether Midwife (25) Address of Physician or Midwife Cash, S. C.

Given name added from a supplemental report

....., 19

Registrar

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

(27) Filed Sept 27, 19 (28) D. S. Matheson
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.