

MARGIN RESERVED FOR INDEXING.
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 1.

(1) PLACE OF BIRTH

County of Dorchester
Township of Center
or
Inc. Town of.....
or
City of.....
(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

No. for State Registrar Only

11430

Registration District No. 46 Registered No. 572
(For use of Local Registrar)

(2) Full Name of Child Corn Allen

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be covered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>No</u>	(7) DATE OF BIRTH <u>February 10, 1923</u> (Name of Month) (Day) (Year)
(8) FATHER'S FULL NAME			(9) MOTHER'S NAME BEFORE MARRIAGE <u>Ellie Allen</u>	
(10) PRESENT POSTOFFICE OF FATHER			(10) PRESENT POSTOFFICE OF MOTHER <u>Westminster, S.C.</u>	
(11) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY (Years)	(12) COLOR OR RACE <u>Colored</u>	(12) AGE AT LAST BIRTHDAY (Years)	(12) BIRTHPLACE <u>Dorchester</u>
(13) OCCUPATION			(13) OCCUPATION <u>Farmer</u>	
(14) Number of children born to mother, including present birth <u>1</u>			(14) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(16) (Signature) Lula C. Carr
(16) State whether Physician or Midwife (17) Address of Physician or Midwife

Given name added from a supplemental report

(18) Witness (Signature of Witness necessary only when question 15 is signed by mark)

(19) Filed APR 19 1923 (20) APM 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.