

(1) PLACE OF BIRTH

County of Greenville

Township of

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

File No.—For State Registrar Only

26332

Registration District No. 220518Registered No. 24

(For use of Local Registrar)

(No. 7th St., W. W. W. W. St., W. W. W. Ward)

(2) Full Name of Child

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

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>2</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>3</u> <u>16</u> <u>19</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Robt. Carl Allen9) PRESENT POSTOFFICE OF FATHER 7th St. W. W. W.10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 28 (Years)12) BIRTHPLACE L. C.13) OCCUPATION Test20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Mrs. Maudell Burke15) PRESENT POSTOFFICE OF MOTHER same16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 24 (Years)18) BIRTHPLACE ga19) OCCUPATION Housework21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 midnight on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John B. B. B. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness John B. B. B. (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 20 1922 (28) John B. B. B. 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.

before the fifth month of pregnancy