

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

22 050055

1. PLACE OF BIRTH WELLSBURG COUNTY		Standard Certificate of Birth		FILE No.—For State Registrar Only 1975	
County of.....		STATE OF SOUTH CAROLINA			
Township of <u>Hope</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Greelyville</u>		Registration District No. <u>4301</u>		Registered No.	
or				(For use of Local Registrar)	
City of <u>R-1</u>		(No. St.; Ward)			
(If birth occurs in hospital or other institution, give name of same instead of street and number)					
2. FULL NAME OF CHILD <u>Neil Thomas Allen</u> (If child is not yet named, make supplemental report as directed.)					
3. Sex or Girl <u>Boy</u>	If Plural births	4. Twin, triplet, or other	6. Premature	7. Are Parents Married <u>yes</u>	8. Date birth <u>Oct 16th 22</u> (Month, day, year)
9. Full name <u>Thomas E Allen</u>		10. Residence (mailing address) (If non-resident, give place and State) <u>Greelyville</u>		18. Name before marriage <u>Mary Macauley Brunner</u>	
11. Color of race <u>white</u>		12. Age at last birthday <u>46</u> (Years)		19. Residence (mailing address) (If non-resident, give place and State) <u>Greelyville S</u>	
13. Birthplace (city or place) (State or country) <u>SC</u>		20. Color of race <u>white</u>		21. Age at last birthday <u>42</u> (Years)	
14. Trade, profession, or particular kind of work done, as seaman, sawyer, bookkeeper, etc. <u>Rural Mail Carrier</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		22. Birthplace (city or place) (State or country) <u>SC</u>	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work <u>2 yrs</u>		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Domestic</u>	
18. Date (month and year) last engaged in this work		19. Total time (years) spent in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work		27. Number of children of this mother (At time of birth and including this child). (a) Born alive and now living <u>9</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	
28. If stillborn, period of gestation..... months weeks		29. Cause of stillbirth.....		Before labor..... During labor.....	
Specify any physical deformities of child at birth.....					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive 8 P at 8 P m. on the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) W. M. Bryan, M.D.

or Rachael Gamble Midwife

Address Greelyville SC

Filed June 21 1938 W. H. D. Matthews

Given name added from
a supplemental report..... (Date of)

Registrar.

Registrar.