

(1) PLACE OF BIRTH

County of Edgefield S.C.
 Township of Shubens
 OF
 Inc. Town of Edgefield S.C.
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10286

Registration District No. 1808 Registered No. 11
 (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.)

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

(3) BOY OR GIRL girl (4) Twin or Triplet (5) Number in order of birth 3 (6) Are Parent Married no (7) DATE OF BIRTH 16 10 29
 (Name of Month) (Day) (Year)
 To be answered only in event of Twin or Triplet

FATHER.				MOTHER.			
(8) FULL NAME	<u>Larkin Allen</u>			(14) NAME BEFORE MARRIAGE	<u>Eliza Mance</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Edgefield</u>			(15) PRESENT POSTOFFICE OF MOTHER	<u>Edgefield S.C.</u>		
(10) COLOR OR RACE	<u>Colored</u>			(16) COLOR OR RACE	<u>Colored</u>		
(11) AGE AT LAST BIRTHDAY	<u>30</u>			(17) AGE AT LAST BIRTHDAY	<u>29</u>		
(12) BIRTHPLACE	<u>Edgefield S.C.</u>			(18) BIRTHPLACE	<u>Edgefield S.C.</u>		
(13) OCCUPATION	<u>Farming</u>			(19) OCCUPATION	<u>Farmer</u>		
(20) Number of children born to mother, including present birth	<u>3</u>			(21) Number of children of this mother now living, including present birth	<u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... born April 15 ... at ... M., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Arie Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Edgefield S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 5/17 1923 (28) Otis D. Lamb 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.