

## (1) PLACE OF BIRTH

County of PikeTownship of Park Spring

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 216No. 2887Registered No. 8  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Allen James Canada If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Male (4) Type or Cause Normal (5) Number in order of birth 2nd (6) Date of Birth Feb 25, 1923 (7) Name of Month (Day) (Year)

FATHER

(8) FULL NAME Henry Delbert Canada

(9) PRESENT RESIDENCE OF FATHER Denison, D.C.

(10) COLOR OF SKIN White (11) AGE AT LAST BIRTHDAY 37 (Year)

(12) BIRTHPLACE D.C.

(13) OCCUPATION Teacher

(14) NAME BEFORE MARRIAGE Ethyl Tucker

(15) PRESENT RESIDENCE OF MOTHER Denison, D.C.

(16) COLOR OF SKIN White (17) AGE AT LAST BIRTHDAY 38 (Year)

(18) BIRTHPLACE D.C.

(19) OCCUPATION Housewife

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

(21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Allen James Canada on the date above stated. (23) (Signature) Thos. P. Baker, M.D. (24) Date written Physician or Midwife (25) Address of Physician or Midwife Physician Magazine

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by doctor)

(27) Date Feb 26, 1923 (28) 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.

REGISTERED

LOCAL REGISTRAR

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