

MARGIN RESERVED FOR BINDING.

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 6.

<div>(1) PLACE OF BIRTH</div> <div>           County of <u>Henry</u>            Township of <u>Conway</u>            or            Inc. Town of .....            or            City of ..... (No. .... St.; ..... Ward)            (If birth occurs in a hospital or other institution, give name of same instead of street and number.)         </div>				<div>CERTIFICATE OF BIRTH</div> <div>           STATE OF SOUTH CAROLINA            Bureau of Vital Statistics            State Board of Health         </div>		<div>File No.—For State Registrar Only</div> <div>77534</div>							
<div>(2) Full Name of Child <u>Mattie Aline Allen</u></div> <div>If child is not yet named, make supplemental report as directed</div>				<div>(3) BOY OR GIRL? <u>Girl</u></div>		<div>(4) Twin or Triplet? <u>No</u></div>		<div>(5) Number in order of birth <u>1</u></div>		<div>(6) Are Parents Married? <u>Yes</u></div>		<div>(7) DATE OF BIRTH <u>Sept 26/16</u></div> <div>(Name of Month) (Day) (Year)</div>	
<div>FATHER.</div>						<div>MOTHER.</div>							
<div>(8) FULL NAME <u>W. H. Allen</u></div>						<div>(14) NAME BEFORE MARRIAGE <u>Addie Collins</u></div>							
<div>(9) PRESENT POSTOFFICE OF FATHER <u>Conway S.C.</u></div>						<div>(15) PRESENT POSTOFFICE OF MOTHER <u>Conway S.C.</u></div>							
<div>(10) COLOR OR RACE <u>White</u></div>						<div>(11) AGE AT LAST BIRTHDAY <u>26</u></div> <div>(Years)</div>							
<div>(12) BIRTHPLACE <u>Henry Co.</u></div>						<div>(16) COLOR OR RACE <u>White</u></div>							
<div>(13) OCCUPATION <u>Farmer</u></div>						<div>(17) AGE AT LAST BIRTHDAY <u>26</u></div> <div>(Years)</div>							
<div>(18) BIRTHPLACE <u>Henry Co.</u></div>						<div>(19) OCCUPATION <u>Housewife</u></div>							
<div>(20) Number of children born to mother, including present birth <u>1</u></div>						<div>(21) Number of children of this mother now living, including present birth <u>1</u></div>							
<div>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</div>													
<div>(22) I hereby certify that I attended the birth of this child, who was <u>Allen</u> at <u>V-A</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)</div>													
<div>(23) (Signature) <u>Anna M. Cracker</u></div>													
<div>(24) State whether Physician or Midwife <u>Midwife</u></div>													
<div>(25) Address of Physician or Midwife <u>Jordanville</u></div>													
<div>Given name added from a supplemental report</div>						<div>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</div>							
<div>....., 19 .....</div> <div>Registrar</div>						<div>(27) Filed <u>Oct 2</u> 19 <u>16</u></div>							
<div>(28) Local Registrar <u>J. L. Danner</u></div>						<div>(29) Local Registrar</div>							

\*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.