

(1) PLACE OF BIRTH

County of Cherokee

Township of

Inc. Town of

City of Gaffney

(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

3312

Registration District No. 10A Registered No. 42
(For use of Local Registrar)(2) Full Name of Child Andrew J. Allison If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 15</u> 19 <u>25</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Andrew J. Allison(9) PRESENT POSTOFFICE OF FATHER Gaffney, S.C. Route 1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Cherokee County S.C.(13) OCCUPATION Farm(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Bailey(15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C. R. 1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)(18) BIRTHPLACE Cherokee County S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Dr. J. H. H. H. at 2:24 M., on the date above stated. (Name of Physician or Midwife) (Hour A. M. or P. M.)(22) (Signature) Dr. J. H. H. H.(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) File No. 10 1923 (27) W. J. Smith 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.

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WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
H. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.
BUREAU OF STATISTICS, COLUMBIA, S. C.