

Form No. 1

(1) PLACE OF BIRTH

County of Waltham

Township of Waltham

Inc. Town of Waltham

City of Waltham

CERTIFICATE OF BIRTH

STATE OF NORTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District 100

File No. - For State Registrar Only

1642

Registered in 100
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 William Allen

If child is not yet named, make supplemental report as directed

1. SEX Male

(4) Time of Birth 10:30

(5) Number in order of birth 1

(6) Age of Mother 24

To be completed only in event of Twin or Triplet

Date of Birth 7-10-19
Month July Day 10 Year 1919

FATHER

8. Full Name William Allen

9. Present Residence if Father Waltham, S.C.

10. Color White

11. Age at Last Birthday 24

12. Birthplace Waltham, S.C.

13. Occupation Farmer

14. Number of children born to mother, including present birth 1

MOTHER

14. Name before marriage Robert Thompson

15. Present Residence if Mother Waltham, S.C.

16. Color White

17. Age at Last Birthday 24

18. Birthplace Waltham, S.C.

19. Occupation House Work

20. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on this date above stated.

(Born at Waltham, S.C. Month July Day 10 Year 1919)

(22) Signature Harry T. Hill
(23) State - North Carolina

(24) Address of Physician or Midwife Waltham, S.C.

When mother refuses to sign or acknowledges no report

When mother signs report of child

Signature of Witness necessary only when question 22 is signed by mother

Signature of Registrar

When mother signs report, etc., child must be returned to report to Bureau of Vital Statistics