

## (1) PLACE OF BIRTH

County of Columbia...  
 Township of Washington...  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31822

Registration District No. 710... Registered No. 714...  
 (For use of Local Registrar)

(2) Full Name of Child Julia Ellen Allen... (No. .... St. .... Ward) ...  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) Full Name of Child Julia Ellen Allen... If child is not yet named, make supplemental report as directed

(4) SEX OR GENDER girl (5) TIME OF BIRTH 9:23 (6) DATE OF BIRTH Jan 6 1903  
 (7) Are Parents Married? yes (8) BIRTH (Name of Month) (Day) (Year)

FATHER. (9) FULL NAME Isaac Allen (10) PRESENT POSTOFFICE OF FATHER Branchville S.C. (11) COLOR OR RACE Black (12) AGE AT LAST BIRTHDAY 33 (13) BIRTHPLACE S.C. (14) OCCUPATION Farmer (15) Number of children born to mother, including present birth 4

MOTHER. (14) NAME BEFORE MARRIAGE Sarah Williams (15) PRESENT POSTOFFICE OF MOTHER Branchville S.C. (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (18) BIRTHPLACE S.C. (19) OCCUPATION Housewife (20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) William Allen (23) Address of Physician or Midwife Branchville

Give name added from a supplemental report

(24) Witness Star Route (Signature of Witness necessary only when question 23 is signed by mark)

(25) Filed Nov 7 1903 (26) R. M. Martin 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.