

(1) PLACE OF BIRTH

County of Barnwell  
Township of allendale  
or  
Inc. Town of allendale  
or  
City of .....

**CERTIFICATE OF BIRTH**

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

File No. For State Registrar Only  
**84396**

Registration District No. 500

Registered No. 156  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number) No. .... St. .... Ward) .....

(2) Full Name of Child

(Baby died)

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 4 1916  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME D.R. Cloy

MOTHER  
(14) NAME BEFORE MARRIAGE Lois Brunson

(9) PRESENT POSTOFFICE OF FATHER allendale SC.

(15) PRESENT POSTOFFICE OF MOTHER allendale SC.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE SC.

(18) BIRTHPLACE SC.

(13) OCCUPATION Fruit Tree Salesman

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 9

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. H. Wood (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife allendale SC.

Given name added from a supplemental report

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

(27) Filed Nov 25 1916 (28) F. H. Wood 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.