

(1) PLACE OF BIRTH

County of YorkTownship of Yorkor
Inc. Town of YorkCity of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3108

File No.—For State Registrar Only

31535Registered No. 1315
(For use of Local Registrar)(No. 1315 St. 1315 Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Helen Elizabeth Allen

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

3) SEX OR
GIRL girl4) Twin
or Triplet? X

To be answered only in event of Twins or Triplets

5) Number in
order of birth 66) Are
Parents
Married? Yes

7) DATE OF

BIRTH Sept. 19 1922
(Month) (Day) (Year)

FATHER.

8) FULL
NAME Leanne Rupertine9) PRESENT
POSTOFFICE
OF FATHER Yorkville S.C., Rte 210) COLOR
OR
RACE white(11) AGE AT LAST
BIRTHDAY 35
(Years)12) BIRTHPLACE In N.C.13) OCCUPATION Farmer20) Number of children born to
mother, including present birth 6

MOTHER.

(14) NAME BEFORE
MARRIAGE Frances McFadden(15) PRESENT
POSTOFFICE
OF MOTHER Yorkville S.C., Rte 2(16) COLOR
OR
RACE white(17) AGE AT LAST
BIRTHDAY 27
(Years)(18) BIRTHPLACE In Ga(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) J. R. Allen(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Yorkville S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 10/10 1922(28) J. R. Allen 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.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.