

## (1) PLACE OF BIRTH

County of *Chick*Township of *L. M. Gley*Inc. Town of *Langley*

City of

(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

106

Registration District No. *7.1.7.6* Registered No. *8*

(For use of Local Registrar)

(2) Full Name of Child. *Evelyn Inez Allison* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Girl*

(4) Date of birth

To be entered only in case of living or baptizing

(5) Number in order of birth *9*(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Month of Month) (Day) (Year)

(8) FULL NAME

*J. L. Allison*

(9) PRESENT POSTOFFICE OF FATHER

*Langley S C*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*46* (Years)

(12) BIRTHPLACE

*North Carolina*

(13) OCCUPATION

*Cotton mill*

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

*None*

(14) NAME BEFORE MARRIAGE

*Viola Duckworth*

(15) PRESENT POSTOFFICE OF MOTHER

*Langley S C*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*40* (Years)

(18) BIRTHPLACE

*South Carolina*

(19) OCCUPATION

*Cotton mill*

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

*Six*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* *4* *9* *A. M.* on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.))

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Langley S C*

(When name added from a supplemental report)

(26) Witness

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

(27) Filed Jan 31, 1923

(28) *L. W. Spradley* 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.