

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McGAW OF COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar

41508

(1) PLACE OF BIRTH

County of Cherokee
Township of Simmes Stone
or
Inc. Town of Country
or
City of

Registration District No. 1-2-3

Registered No. 168
(For use of Local Registrar)

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

(2) Full Name of Child

Charon Lee Allen

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Ryan Allen

(9) PRESENT POSTOFFICE OF FATHER

Goffney, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Cherokee Co S.C.

(13) OCCUPATION

Cotton mill work

MOTHER.

(14) NAME BEFORE MARRIAGE

Ophel Fay Goult

(15) PRESENT POSTOFFICE OF MOTHER

Goffney S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18
(Years)

(18) BIRTHPLACE

Spartanburg S.C.

(19) OCCUPATION

Domestic

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(Born alive or stillborn) (Hour A. M. or P. M.)
2:10 A.M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 4, 1923

(28) H. A. Critchard
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.

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