

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29298

County of

Township of

or

Inc. Town of

or

City of Charleston

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

Registration District No. 9A Registered No. 1438

(For use of Local Registrar)

(No. 245 Collins St.; Ward)(2) Full Name of Child Kurisha Allen { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? <small>To be answered only in case of twins & triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 21</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(5) FULL NAME W. C. Allen(9) PRESENT POSTOFFICE OF FATHER Charleston SC(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Alabama(13) OCCUPATION clerk(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Rola Powell(15) PRESENT POSTOFFICE OF MOTHER Charleston SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Florida(19) OCCUPATION housewife(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 at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 10 AM(23) (Signature) Chas. H. Peterson, Jr.(24) State, whether Physician or Midwife (25) Address of Physician or Midwife
Charleston S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10/4/22 (28) J. M. Green, Jr.
Registrar 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.