

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of Amherst

or

Inc. Town of Amherst

or

City of Bismarck

(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

31086

Registration District No 3005Registered No. 59

(For use of Local Registrar)

(2) Full Name of Child Spurgeon Allen

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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Morgan Allen(9) PRESENT POSTOFFICE OF FATHER Lee Mclell St(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Miner(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Allen(15) PRESENT POSTOFFICE OF MOTHER Lee Mclell St(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE SC(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 2 P.M. at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Willie R. Allen(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lee Mclell St

Given name added from a supplemental report

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

(27) Filed Sept 26 1922 (28) Lee Mclell St 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.

MARGIN RESERVED FOR FILING.

WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, AS 1, THE OTHER, AS 2, ETC.

ISSUED BY COLUMBIA, COLUMBIA, S. C.