

## (1) PLACE OF BIRTH

## STATE OF SOUTH CAROLINA.

File No. For State Registrar Only  
50443County of  Spartanburg  Bureau of Vital StatisticsTownship of  Beech Springs  State Board of Health

or  
Inc. Town of ..... Registration District No. .... Registered No. ....  
(For use of Local Registrar)  
or  
City of ..... (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  Celanor Allen  { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?  girl  (4) Twin or Triplet?  1  (5) Number in order of birth  2  (6) Are Parents Married?  Yes  (7) DATE OF BIRTH  Feb. 5-6   
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME  Monroe Allen (9) PRESENT POSTOFFICE OF FATHER  Campobell #3 (10) COLOR OR RACE  white  (11) AGE AT LAST BIRTHDAY  27  (Years)(12) BIRTHPLACE  So. Car. (13) OCCUPATION  Farming (20) Number of children born to mother, including present birth  2 

## MOTHER.

(14) NAME BEFORE MARRIAGE  Mamie Albright (15) PRESENT POSTOFFICE OF MOTHER  Campobell #3 (16) COLOR OR RACE  white  (17) AGE AT LAST BIRTHDAY  21  (Years)(18) BIRTHPLACE  S. C. (19) OCCUPATION  House wife (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  at  7  A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)  T. E. Marshall 

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

 Phys. Campobell 

Given name added from a supplemental report

191.....

Registrar

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

(27) Filed 191..... (28) 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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