

(1) PLACE OF BIRTH **TO** STATE OF SOUTH CAROLINA

County of  Spartanburg  Bureau of Vital Statistics

Township of  Beech Springs  State Board of Health

or  
Inc. Town of ..... Registration District No. ....

or  
City of ..... (No. .... St.; ..... Ward)

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

File No. For State Registrar Only  
**50443**

(2) Full Name of Child  Calmer Allen  { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u> girl </u>	(4) Twin or Triplet? <u> 1 </u>	(5) Number in order of birth <u> 2 </u>	(6) Are Parents Married? <u> Yes </u>	(7) DATE OF BIRTH <u> Feb. 5-6 </u> (Name of Month) (Day) (Year)
-----------------------------------	------------------------------------	--	--	--

**FATHER.**

(8) FULL NAME  Monroe Allen

(9) PRESENT POS. OFFICE OF FATHER  Campobell #3

(10) COLOR OR RACE  white  (ii) 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  (iv) 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  
 Phy  |  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.

\*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.

FORM NO. 10 - REVISED FEBRUARY 1916  
STATE BOARD OF HEALTH - DIVISION OF VITAL STATISTICS  
COLUMBIA, S. C.