

WATER-BORN WITH ONE ADJUTANT - 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.  
 McCaw of Columbia.  
 N. B. - 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.

(1) PLACE OF BIRTH

County of Greenville  
 Township of .....  
 or  
 Inc. Town of Piedmont  
 or  
 City of .....

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

File No. - For State Registrar Only  
**64469**

Registration District No. 27C Registered No. 41  
 (For use of Local Registrar)

(2) Full Name of Child Clarence 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 18 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME G. G. Allen  
 (9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Neona S.C.  
 (13) OCCUPATION Mill work  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Eva Chapman  
 (15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Greenville S.C.  
 (19) OCCUPATION House work  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive, at 4:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Campbell  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filled July 10 1916. (28) R. P. Phillips Local Registrar.

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Registrar | (27) Filled July 10 1916. (28) J. D. Campbell Local Registrar.

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