

(1) PLACE OF BIRTH

County of

Greenville

Township of

or
Inc. Town of*Piedmont*

City of

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

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

(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

Neena 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 *445* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

S. D. Campbell

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Piedmont

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. D. Phillips*

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.

Registrar

(27) Filled *July 10, 1916*(28) *J. J. ...*

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.

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 FATHER, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 McCaw of