

Form No 1.

(1) PLACE OF BIRTH

County of Sumpter
 Township of Sumpter
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (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

88555

Registration District No. 609 Registered No. 28
 (For use of Local Registrar)

(2) Full Name of Child James Allen Jr

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? —

(5) Number in order of birth —

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 28 1914

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Allen

(9) PRESENT POSTOFFICE OF FATHER Hardenville, S.C.

(10) COLOR OR RACE Cobred

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Sumpter County

(13) OCCUPATION Iron labour

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Dominic Jones

(15) PRESENT POSTOFFICE OF MOTHER Hardenville, S.C.

(16) COLOR OR RACE Cobred

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Sumpter County

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12:45 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. H. H. H.

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Hardenville, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 2 1915

(28) E. E. H. H. H. 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.

MAISON RESERVE FOR BINDING. WHITE PLAIN, WITH UNFADING INK—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.

Cav. of Columbia.