

(1) PLACE OF BIRTH

County of LaurensTownship of Hunteror
Inc. Town ofor
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 Allen Bailey

File No.—For State Registrar Only

15609Registration District No. 92902 Registered No. 53
(For use of Local Registrar)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH May 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Legitimate(9) PRESENT POSTOFFICE OF FATHER Legitimate(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Laurens, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie G. Bailey(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Wash & iron(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 Born alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Aggie X Kellin(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Columbia, S.C.

Given name added from a supplemental report

(26) Witness Mrs. J. L. H. Bailey
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 1 1922 (28) J. L. H. Bailey
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

Registrar Only

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(Signature)

..... Ward)

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25
(Year)30
P. M.

or P. M.)

Midwife

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