

WRITE PLAINLY, WITH EXPANDING 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 8.

(1) PLACE OF BIRTH
 County of Allen
 Township of 11
 Inc. Town of
 City of
 (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

No. 123—For State Registrar Only

Registration District No. 46 Registered No. 12
 (For use of Local Registrar)

Ward

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

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|---|--|--|---|---|
| (3) SEX OF CHILD <u>Boy</u> | (4) Twin or Triplet <u>No</u> To be answered only in case of Twin or Triplet | (5) Number in order of birth <u>1</u> | (6) AGE OF CHILD <u>1 year</u> | (7) DATE OF BIRTH <u>Jan 20 1923</u> (Month) (Day) (Year) |
| FATHER. | | MOTHER. | | |
| (8) FULL NAME <u>Willie Allen</u> | | (14) NAME BEFORE MARRIAGE <u>Minnie Griffin</u> | | |
| (9) PRESENT RESIDENCE OF FATHER <u>Allendale SC</u> | | (15) PRESENT RESIDENCE OF MOTHER <u>Allendale SC</u> | | |
| (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>29</u> (Years) | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>30</u> (Years) | |
| (12) BIRTHPLACE <u>SC</u> | | (18) BIRTHPLACE <u>SC</u> | | |
| (13) OCCUPATION <u>Farm Labor</u> | | (19) OCCUPATION <u>Housework</u> | | |
| (20) Number of children born to mother, including present birth <u>6</u> | | (21) Number of children of this mother now living, including present birth <u>6</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Jerganna Brady
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 1111 1/2 1st St. S.C.

Given name added from a supplemental report

(26) Witness J. H. Boyd
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Jan 25 1923 (28) J. H. Boyd 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.