

(1) PLACE OF BIRTH

County of Coahoma
 Township of Wright
 or
 Inc. Town of

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

No. 22044 — For State Registrar Only

Registration District No. 3-5-06 Registered No. 69
 (For use of Local Registrar)
 (No. St. Ward)
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Previous Marriages <u>No</u>	(7) DATE OF BIRTH <u>July 26, 1923</u> (Month of Month) (Day) (Year)
PATHER.			MOTHER.	
(8) FULL NAME <u>Frank Clayton</u>			(14) NAME BEFORE MARRIAGE <u>Viola Allen</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Unknown</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wachulla, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>2</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Unknown</u>			(18) BIRTHPLACE <u>Coahoma, Miss.</u>	
(13) OCCUPATION <u>Unknown</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wachulla

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Wachulla, 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 Aug. 6, 1923 (28) Pam. S. Lee 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.