

Form No. 1

(1) PLACE OF BIRTH

County of Dillon
 Township of Harleyville
 or
 Inc. Town of
 or
 City of Little Rock, S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
34063

Registration District No. 1607Registered No. 112

(For use of Local Registrar)

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

(2) Full Name of Child Wm. Allen

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

(3) BOY OR GIRL X (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 28 1927
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Allen(9) PRESENT POSTOFFICE OF FATHER Dillon(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Dillon Co(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Susan Campbell Allen(15) PRESENT POSTOFFICE OF MOTHER Dillon(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Dillon(19) OCCUPATION Farming

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James B. Brecken(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Little Rock S.C.

Given name added from a supplemental report

(26) Witness C. B. Brecken (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 25 1927 (28) Harley 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.

MAJOR RECORDS FOR PARENTS
 WHEN PLACED, WITH OTHER RECORDS, IN 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.

McGraw-Hill, Columbia, S. C.