

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

—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 6.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
—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.

—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar <div style="border: 1px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">3671</div>	
County of <u>Cherokee</u>		Registration District No. <u>1201</u>		Registered No. <u>122</u>	
Township of <u>Cherokee</u>				(For use of Local Registrar)	
Inc. Town of		(No. St. Ward)		If child is not yet named, make supplemental report as directed	
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 <u>Loela Allen</u>					
(3) BOY OR GIRL <u>Girl</u>		(4) Twin or Triplet?		(5) Number in order of birth	
				(6) Are Parents Married? <u>Yes</u>	
		To be answered only in case of Twins or Triplets		(7) DATE OF BIRTH <u>July 23, 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Frank Allen</u>			(14) NAME BEFORE MARRIAGE <u>Alice Shaw</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee S. C.</u>		
(10) COLOR OR RACE <u>Blk</u>			(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)		
(12) BIRTHPLACE <u>Marshall N. C.</u>			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(13) OCCUPATION <u>Farm Laborer</u>			(18) BIRTHPLACE <u>Marshall N. C.</u>		
			(19) OCCUPATION <u>Farm Laborer</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>Cherokee</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Wm. J. Jones</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Cherokee S. C.</u>					
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19... Registrar			(27) Filed <u>Feb 25, 1922</u>		
			(28) <u>P. B. Jones</u> Local Registrar		
*When there was no attending physician or midwife, then the father, householder, etc., should make this return.					