

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Millington
 Inc. Town of Pigeon
 City of Pigeon

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

Registration District No. 32Registered No. 156
(For use of Local Registrar)

(2) Full Name of Child Jessie Eugene Allison (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 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 case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Sex <u>female</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Nov 14 1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Clarence Allison</u>			(14) NAME BEFORE MARRIAGE <u>Father Tripp</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pigeon</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pigeon</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>35</u>	
(11) AGE AT LAST BIRTHDAY <u>33</u>			(18) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>N.C.</u>			(19) BIRTHPLACE <u>A.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(20) OCCUPATION <u>Amoshe</u>	
(21) Number of children born to mother, including present birth <u>8</u>			(22) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born (Date of birth or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(24) (Signature)
H. J. Mott(25) State whether Physician or Midwife
Midwife(26) Address of Physician or Midwife
Pigeon

Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(28) Filed Dec 22 1923(29) Local Registrar
M. L. Gresham

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.