

**(1) PLACE OF BIRTH**

Country of USA.....

Township of Windsor

Inc. Town of.....

or  
City of .....

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

Registration District No. 2 10...

30773

Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child... Alvin Allen

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

(3) <b>BOX OR SEAL</b>	(4) <b>Twin or Triplet</b>	(5) <b>Number in order of birth</b>
<i>End</i>	To be answered only in event of Twins or Triplets	

(6) Are Parents Married yes (7) DATE OF BIRTH 10-24-83  
(Name of Month) (Day) (Year)

# FATHER.

(9) FULL NAME Shane Allen

(1) PRESENT POST OFFICE of subject Windsor

(10) COLOR OF HAIR *Blond* (11) AGE AT LAST BIRTHDAY *26*  
ON FACE (Year)

(12) BIRTHPLACE Adams, I. A.

(15) OCCUPATION

(20) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lillian Hader

(10) PRESENT POSTOFFICE OF ADDRESS Windsor

(16) COLOR ON PAGE *None* (17) AGE AT LAST BIRTHDAY..... *24* (18) *None*

(16) BIRTHPLACE

(10) OCCUPATION

(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

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

(26) (Signature) [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplementary report

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

043123 020000

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child branches even case, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.