

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

2384

Registration District No. 3810

Registered No. 6

(For use of Local Registrar)

(No. of birth if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Louise Allen

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

(3) BOY OR GIRL? boy

(4) Twin or triplet?

(5) Number in order of birth

to be answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 10

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John W Allen

(9) PRESENT POSTOFFICE OF FATHER Blythewood

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 20

(Years)

(12) BIRTHPLACE Blythewood

(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Lallie Branch

(15) PRESENT POSTOFFICE OF MOTHER Blythewood

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 17

(Years)

(18) BIRTHPLACE Blythewood

(19) OCCUPATION Domestic

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

(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 alive on the date above stated.

(23) (Signature) M. L. L. L.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

F. Blythewood S.C.

Given same added from a supplemental report.

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 10

(28) 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.

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