(1) PLACE OF BIRTH

County of Chester Dist

Township of Mt. Croghan

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3699

Registration District No. 1205 Registered No. 10
(For use of Local Registrar)

(2) Full Name of Child not named

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl			yes	Nov. 11 22 19 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Chas. F. Allen	(14) NAME BEFORE MARRIAGE: Mary E. Thurman
(9) PRESENT POSTOFFICE OF FATHER: Ruby S.C.	(15) PRESENT POSTOFFICE OF MOTHER: Ruby S.C.
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 33 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 29 (Years)
(12) BIRTHPLACE: S.C.	(18) BIRTHPLACE: S.C.
(13) OCCUPATION: Farming	(19) OCCUPATION: House wife
(20) Number of children born to mother, including present birth: 6	(21) Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12½ a. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. M. Nesson

(24) State whether Physician or Midwife: Phy. (25) Address of Physician or Midwife: Ruby S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed ..... 19 ..... (28) R. B. Redfearn
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.

WALTER PLANTY, WITHERSPADING INC.—THIS IS 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.
BEGAW OF COLUMBIA, COLUMBIA, S. C.