(1) PLACE OF BIRTH

County of Greenwood

Township of Greenwood

or

Inc. Town of Manchester

or

City of .....

(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
4[illegible]8

Registration District No. 2[illegible] Registered No. 95
(For use of Local Registrar)
(No. ..... St.; ..... Ward)

(2) Full Name of Child James Allison

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No
In be answered only in event of Twins or Triplets

(5) Number in order of birth No

(6) Are Parents Married? Yes

(7) DATE OF BIRTH January 20, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leonard Olin

(9) PRESENT POSTOFFICE OF FATHER Greenwood

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE NC

(13) OCCUPATION Textile

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

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Whitmire

(15) PRESENT POSTOFFICE OF MOTHER Greenwood

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Domestic

(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 Living born alive on the date above stated. (Born alive or stillborn) at 2:02 P.M. (Hour A. M. or P. M.)

(23) (Signature) J. W. Abbe M.D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Greenwood SC

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed ..... 191.... (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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WRITE PLAINLY, WITH UNFADING INK. MARGIN ..... NOT BINDING.
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.

McCaw, of Columbia