

(1) PLACE OF BIRTH

County of Charleston
 Township of Harmony
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

FILE NO. 3484

Registration District No. 1206Registered No. 1
(For use of Local Registrar)

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

(2) Full Name of Child

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

(3) SEX OR CHILD <u>Male</u>	(4) Type or Triplet To be reported only in case of Triplet or Triplet	(5) Number in order of birth	(6) Age in years <u>1 1/2</u>	(7) DATE OF BIRTH <u>Feb. 26, 1923</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Allen Lee</u>			(10) NAME BEFORE MARRIAGE <u>Alta Viola Woods</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Alcocks Pt. S.C.</u>			(11) PRESENT RESIDENCE OF MOTHER <u>Alcocks Pt. S.C.</u>	
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(16) BIRTHPLACE <u>Sumter, S.C.</u>		(17) BIRTHPLACE <u>S.C.</u>		
(18) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Farm hand</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

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

(27) Filed

Mar 3, 1923

(28)

R. E. Thompson

Local Registrar

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