(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
25057

Registration District No. 9 A Registered No. 1110
(For use of Local Registrar)

(No. 6 Montague 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 Allen Thayer Stall Jr. (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 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH August 1 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Allen Thayer Stall	(14) NAME BEFORE MARRIAGE Myrtle V. Heape
(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C	(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTHPLACE Summerville, S.C	(18) BIRTHPLACE Summerville, S.C.
(13) OCCUPATION Carpenter, U.S.N. Hospital	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(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 Alive at 2.40 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) [signature]

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wentworth St.

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 8/8 1922 (28) J. Mercer Green
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.

(Date of)

Registrar.

Filed 8/9, 1922 J. M. Green, M.D.
Registrar.