

Form No. 1

(1) PLACE OF BIRTH

County of Anderson
 Township of Williamston
 or
 Inc. Town of Polyer
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13549

Registration District No. 38

Registered No. 83
 (For use of Local Registrar)

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

(2) Full Name of Child P. J. Jr.

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH May 30, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. V. Allen

(9) PRESENT POSTOFFICE OF FATHER Polyer SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
 (Years)

(12) BIRTHPLACE Abbeville County

(13) OCCUPATION Mill Work

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Presley

(15) PRESENT POSTOFFICE OF MOTHER Polyer SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Years)

(18) BIRTHPLACE Polyer SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Dendy

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Polyer SC

Given name added from a supplemental report

(26) Witness

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

(27) Date June 7, 1922(28) W. R. Dendy 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.