CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50428

(1) PLACE OF BIRTH
County of Spartanburg
Township of Duncan's Station
or
Inc. Town of ..... Registration District No. 40 07 Registered No. .....
(For use of Local Registrar)
or
City of ..... (No. 112 1/2 Cor 74 # 473 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. Ralph Jamed Allen — 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 (Name of Month) (Day) (Year)
Boy			Yes	Jan. 2 1916

FATHER.

(8) FULL NAME: John James Allen
(9) PRESENT POSTOFFICE OF FATHER: Wellford S.C.
(10) COLOR OR RACE: White
(11) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Greer S.C.
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: Three

MOTHER.

(14) NAME BEFORE MARRIAGE: Millie Sanford
(15) PRESENT POSTOFFICE OF MOTHER: Wellford S.C.
(16) COLOR OR RACE: White
(17) AGE AT LAST BIRTHDAY: 21 (Years)
(18) BIRTHPLACE: Greenville S.C.
(19) OCCUPATION: Housewife
(21) Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. L. Sanford M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

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.

Registrar

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.

McCaw, of Columbia.
FIRST-BORN, No. 1. THIS CERTIFICATE, No. 2, MUST BE FILLED OUT AND SIGNED BY ATTENDING PHYSICIAN OR MIDWIFE.