

(1) PLACE OF BIRTH

County of FlorenceTownship of FlorenceInc. Town of FlorenceCity of Florence

(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

52131

Registration District No. 20-A Registered No. 69

(For use of Local Registrar)

St.; 4 Ward(2) Full Name of Child James Allen } If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL
NAME Edwin Marshall Allen(14) NAME BEFORE
MARRIAGE Celate Langdon Blackwell(9) PRESENT
POSTOFFICE
OF FATHER Florence, S.C.(15) PRESENT
POSTOFFICE
OF MOTHER Florence, S.C.(10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 35(16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 28(12) BIRTHPLACE
Florence, S.C.(18) BIRTHPLACE
Marion, S.C.(13) OCCUPATION
Practicing Physician(19) OCCUPATION
Domestic(20) Number of children born to
mother, including present birth Two(21) Number of children of this mother
now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:50 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. Allen and Dr. J. H. Allen

(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 23 is signed by mark)(27) Filed Mar 3 1916 (28)M. H. J. J. J.
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.