

(1) PLACE OF BIRTH

County of Spaulding
 Township of Pawlet
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32304

Registration District No. 4006Registered No. 118
(For use of Local Registrar)

(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 Jas. Edward Allen If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 9-10-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Allen
 (9) PRESENT POSTOFFICE OF FATHER Trough, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Millwork
 (14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Kirby
 (15) PRESENT POSTOFFICE OF MOTHER Trough S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... Alive... at 6.9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. D. Kippeluck(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mr. D. Pawlet, S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 1, 1922 (28) M. W. Brown 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.

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