

## (1) PLACE OF BIRTH

County of

*Lancaster*

Township of

*Wyes Creek*

Inc. Town of

*Lancaster*

City of

*Lancaster*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1743

Registration District No.

*W01*

Registered No.

*2321*

(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, *Kathaleen Allen*

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

(3) BOY OR GIRL?

*G*

(4) Twin or Triplet?

*—*

(5) Number in order of birth

*1*

(6) Are Parents Married?

*Yes*

(7) DATE OF BIRTH

*Jan 25 1912*

## FATHER

(8) FULL NAME

*Lancaster Allen*

(9) PRESENT POSTOFFICE OF FATHER

*Lancaster S.C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*25*

(12) BIRTHPLACE

*No Car*

(13) OCCUPATION

*Yellon Mill Operator*

## MOTHER

(14) NAME BEFORE MARRIAGE

*Hellie Small*

(15) PRESENT POSTOFFICE OF MOTHER

*Lancaster*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*22*

(18) BIRTHPLACE

*S.C.*

(19) OCCUPATION

*Domestic*

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

*One*

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

*One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*H. R. [Signature]*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Lancaster*

Given name added from a supplemental report

191...

Registrar

(26) Witness

(Signature of Witness necessary when question 22 is signed by mother)

(27) Filed

*27* 191*0*

(28)

*J. J. Thomas*

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.