

(1) PLACE OF BIRTH

County of Sumner
 Township of Butler
 or
 Inc. Town of
 or
 City of

(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

90046

Registration District No. 2202 Registered No. 89
 (For use of Local Registrar)

(2) Full Name of Child Harthy Allen

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Twin (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 22 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tobias Allen
 (9) PRESENT POSTOFFICE OF FATHER Sum S.C. R#4
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Maria
 (15) PRESENT POSTOFFICE OF MOTHER Sum S.C. R#4
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:00 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filled

Jan 10 1917

(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.

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