

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of SaludaTownship of Itor  
Inc. Town of Itor  
City of It

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Betty Adams Allen

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

(3) BOY OR GIRL?

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?

Yes

(7) DATE OF BIRTH

May 11, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Joseph Adams Allen

(9) PRESENT POSTOFFICE OF FATHER

Saluda

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 38  
(Years)

(12) BIRTHPLACE

Fruit Hill S.C.

(13) OCCUPATION

A. R. Freight Agent

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

One

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bernice Margaret Long

(15) PRESENT POSTOFFICE OF MOTHER

Saluda

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 28  
(Years)

(18) BIRTHPLACE

Saluda Co

(19) OCCUPATION

Housewife

(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 ..... at 4 A.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ben Lee Allen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Saluda 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 May 17, 1922

(28)

J. B. Branch  
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.