

County of Cherokee STATE OF SOUTH CAROLINA. Bureau of Vital Statistics  
 State Board of Health 48446

Township of .....  
 or  
 Inc. Town of ..... Registration District No. 10a Registered No. 17  
 or  
 City of Gaffney (No. 210 19) (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.: ..... Ward: .....

(2) Full Name of Child Harry Harris Allen If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 2 1926  
 (Name of Month) (Day) (Year)

| FATHER.   |  | MOTHER.   |  |
|---|--|---|--|
| (8) FULL NAME <u>Edgar Harris Allen.</u>              | (14) NAME BEFORE MARRIAGE <u>Dora Patnam</u>                             | (10) PRESENT POSTOFFICE OF FATHER <u>Gaffney, S.C.</u>                              | (16) COLOR OR RACE <u>White</u>          |
| (9) PRESENT POSTOFFICE OF FATHER <u>Gaffney, S.C.</u> | (12) AGE AT LAST BIRTHDAY <u>38</u> (Years)                              | (11) AGE AT LAST BIRTHDAY <u>35</u> (Years)   | (17) BIRTHPLACE <u>Cleveland Co N.C.</u> |
| (10) COLOR OR RACE <u>White</u>                       | (13) BIRTHPLACE <u>Rutherford Co N.C.</u>                                | (18) OCCUPATION <u>Restor. out.</u>   | (19) OCCUPATION <u>Housewife.</u>        |
| (11) AGE AT LAST BIRTHDAY <u>38</u> (Years)           | (14) Number of children born to mother, including present birth <u>5</u> | (20) Number of children of this mother now living, including present birth <u>4</u> |  |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 + + M., (Born alive, or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) M. D. Patnam (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gaffney, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 4/4 1926 (28) T. J. D. Smith 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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