

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 5.

(1) PLACE OF BIRTH

County of Charleston
Township of Christ Church
or
Inc. Town of.....
or
City of.....

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

Registration District No. 941

File No.—For State Registrar Only
33548

Registered No. 114
(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 Charles R. Allin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>no</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 13</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Richard Allin

(9) PRESENT POSTOFFICE OF FATHER 1115 Pleasant St.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Glazier

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Fabor

(15) PRESENT POSTOFFICE OF MOTHER 1115 Pleasant

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Char. S.C.

(19) OCCUPATION House work

(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 3.0 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Hager Brundich

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 1115 Pleasant

Given name added from a supplemental report

..... 19

Registrar

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

(27) Filed Sept 27, 19 22 (28) L. D. Lark 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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Sec'd by Columbia, S. C.