

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Lebanon
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35661

Registration District No. 3304 Registered No. 151
 (For use of Local Registrar)

City of (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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 27 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME W. D. Allen
 (9) PRESENT POSTOFFICE OF FATHER Clio S C
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer

MOTHER
 (14) NAME BEFORE MARRIAGE Addie Spears
 (15) PRESENT POSTOFFICE OF MOTHER Clio S C
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION —

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:45 M., on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. M. Reedy M.D. (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) Filed Oct 31 1922 (28) W. H. Woodley 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.