

Form No. 3

(1) PLACE OF BIRTH

County of Flourece
 Township of
 or
 Inc. Town of
 or
 City of Flourece
 (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

42317

Registration District No. 20-A Registered No. 391
 (For use of Local Registrar)

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

(3) BOY OR GIRL boy (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 12/18
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Fred Allen
 (9) PRESENT POSTOFFICE OF FATHER Flourece
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
 (Years)
 (12) BIRTHPLACE Flourece Co.
 (13) OCCUPATION mechanic, auto
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Theresa Baldowski
 (15) PRESENT POSTOFFICE OF MOTHER Flourece
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE Augusta Ga
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) E. H. Dickson, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
of Columbia, S.C.

Given name added from a supplemental report

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 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 12-21-1922 (28) P. A. Prighan Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.