

(1) PLACE OF BIRTH

County of Newberry

Township of

City of Newberry

City of 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

31364

Registration District No. 34-2 Registered No. 129

(For use of Local Registrar)

(No. St.; Ward)

Full Name of Child Margaret Allen If child is not yet named, make supplemental report as directed(4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 6 1902 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Allen(9) PRESENT RESIDENCE OF FATHER Newberry S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 17 (Years)(12) BIRTHPLACE Newberry S.C.(13) OCCUPATION Day Laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Mae Anderson(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Newberry S.C.(19) OCCUPATION Laundry(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 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline H. Taylor(24) State whether Physician or Midwife (25) Address of Physician or Midwife Newberry S.C.

Other name added from a supplemental report

(26) Witness B. S. Cunningham (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 11 1902 (28) B. S. Cunningham Local Registrar

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