

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT FORM
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, NO. 1 THIS OTHER, NO. 2, etc., in question 5.
MADE IN COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Holly Hill
or
Inc. Town of Holly Hill
or
City of _____

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

Registration District No. 3609

File No.—For State Registrar Only
2186

Registered No. 4
(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 Bernice Allard

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 3, 1919
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Leah Allard
(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Home Guard
(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Bernice Snell
(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Home Guard
(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 Born alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Peter Green

(24) State whether, Physician or Midwife Midwife

(25) Address of Physician or Midwife Holly Hill, S.C.

Given name added from a supplemental report

(26) Witness Mr. Green

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

(27) Filed Jan. 17, 1919

(28) H. M. Thompson 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.