

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.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Sumter  
Township of Mayville  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; .... Ward)  
(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  
**83633**

Registration District No. 4102 Registered No. 170  
(For use of Local Registrar)

(2) Full Name of Child Allen Wells 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 Oct 17 1916  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wm. Wells</u>	(14) NAME BEFORE MARRIAGE <u>Grayie Allen</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Mayeville D.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mayeville D.C.</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)
(12) BIRTHPLACE <u>D.C.</u>	(18) BIRTHPLACE <u>D.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Allen at 11 P. M., on the date above stated. (Born alive or stillborn? (Hour A. M. or P. M.)

(23) (Signature) James Brown (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mayeville D.C.

Given name added from a supplemental report

(26) Witness James Brown

(27) Filed Oct 17 1916 (28) W. J. Thomas Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make such return. If a child breathes even once, it must not be reported as stillborn. No report is desired on stillbirths before the fifth month of pregnancy.