

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.

(1) PLACE OF BIRTH

County of Sumter
 Township of Mayville
 or
 Inc. Town of

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

Registration District No. 4102 Registered No. 170
 (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.)

File No.—For State Registrar Only
83633

(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? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH Oct 17 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. Wells
 (9) PRESENT POSTOFFICE OF FATHER Mayeville D.C.
 (10) COLOR OR RACE negr (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE D.C.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Gracie Allen
 (15) PRESENT POSTOFFICE OF MOTHER Mayeville D.C.
 (16) COLOR OR RACE negr (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE D.C.
 (19) OCCUPATION House wife

(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 Allen at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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

*When there was no attending physician or midwife, the birth should be reported by the householders, and should be returned 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.

only
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