

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Charleston
 Township of Rossville
 or
 Inc. Town of Registration District No. 1107 Registered No. 3-4
 or
 City of (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 { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 1, 1914</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>John A. Allen</u>			(14) NAME BEFORE MARRIAGE <u>Mary Hiles</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Fort Lawry SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Fort Lawry SC</u>	
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Charleston Co. S.C.</u>			(18) BIRTHPLACE <u>Fairfield Co. S.C.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth { <u>Three</u>			(21) Number of children of this mother now living, including present birth { <u>Four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Ethel Johnson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Fort Lawry SC

Given name added from a supplemental report
 191.....

(26) Witness E. H. Johnson
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/2 1914 (28) R. T. Varnadore
 Registrar 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.