

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Spartanburg

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Baby Allen(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 June 11, 1913

MOTHER.

(8) FULL NAME Clarence Allen(10) NAME BEFORE MARRIAGE Rosa Thomas(9) PRESENT POSTOFFICE OF FATHER Coward S.C.(11) PRESENT POSTOFFICE OF MOTHER Coward S.C.(12) COLOR OR RACE White(13) AGE AT LAST BIRTHDAY 26(14) COLOR OR RACE White(15) AGE AT LAST BIRTHDAY 19(16) BIRTHPLACE Florence Co. S.C.(17) BIRTHPLACE Florence Co. S.C.(18) OCCUPATION Farmer(19) OCCUPATION H.W.(20) Number of children born to mother, including present birth 1(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 on the date above stated.

(23) Signature

(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Florence, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed "Midwife")

(27) Filed June 19, 1913

(28) 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.