

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of .....

Registration District No. 22A Registered No. 251  
 (No. 340 Piedmont St. (Use of Local Registrar)  
 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? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 5, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME W. B. Allen  
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Central S.C.  
 (13) OCCUPATION Ry Switchman  
 (20) Number of children born to mother, including present birth one

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma Taylor  
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Taylors S.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alma, 5'8" M.,  
 on the date above stated. (Born alive or stillborn) - (Hour A. M. or P. M.)

(23) (Signature) Choro Bates

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement  
 al report

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

....., 19 ..  
 Registrar

(27) Filed June 9, 1922 (28) C. E. Smith, 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.

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE DIAGNOSTIC FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.