CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
5355

(1) PLACE OF BIRTH

County of Orangeburg
Township of Willow
or
Inc. Town of Norway
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3617 Registered No. 1004
(For use of Local Registrar)

(2) Full Name of Child Hiram Sanders Allan (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 —
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Jan. 1, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hiram Sanders Allan
(9) PRESENT POSTOFFICE OF FATHER Blythewood SC.
(10) COLOR OR RACE White
(11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Alvie Lou Williams
(15) PRESENT POSTOFFICE OF MOTHER Norway, SC
(16) COLOR OR RACE White
(17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE S.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 born alive (Born alive or stillborn) at 10 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lucie A. Phillips
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Springfield, SC

Given name added from a supplemental report .....
..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 17 1922 (28) [illegible]
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.