

1. PLACE OF BIRTH

County of York  
Township of Cash Lanes

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**46410**

City of \_\_\_\_\_ Registration District No. 2, 2, 12 Registered No. 4  
(For use of Local Registrar)  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(For use of Local Registrar or other jurisdiction, give name of same instead of street and number.)

Full Name of Child Allie Stone If child is not yet named, make supplemental report as directed

Sex girl (1) Date of Birth 1 8 1914  
(2) Number in order of birth 4 (3) Are Parents Married? yes  
(4) Date of Birth 1 8 1914  
(5) Name of Mother (Day) (Year)

FATHER.		MOTHER.	
(1) NAME BEFORE MARRIAGE <u>George Stone</u>	(1) NAME BEFORE MARRIAGE <u>Allie Carson</u>	(1) NAME BEFORE MARRIAGE	(1) NAME BEFORE MARRIAGE
(2) PRESENT POSTOFFICE OR MOTHER <u>Belger R 3</u>	(2) PRESENT POSTOFFICE OR MOTHER <u>Belger R 3</u>	(2) PRESENT POSTOFFICE OR MOTHER	(2) PRESENT POSTOFFICE OR MOTHER
(3) COLOR OR RACE <u>white</u>	(3) COLOR OR RACE <u>white</u>	(3) COLOR OR RACE	(3) COLOR OR RACE
(4) AGE AT LAST BIRTHDAY <u>28</u>	(4) AGE AT LAST BIRTHDAY <u>26</u>	(4) AGE AT LAST BIRTHDAY	(4) AGE AT LAST BIRTHDAY
(5) BIRTHPLACE <u>SC</u>	(5) BIRTHPLACE <u>SC</u>	(5) BIRTHPLACE	(5) BIRTHPLACE
(6) OCCUPATION <u>Farmer</u>	(6) OCCUPATION <u>House wife</u>	(6) OCCUPATION	(6) OCCUPATION
(7) Number of children of this mother now living, including present birth <u>4</u>	(7) Number of children of this mother now living, including present birth <u>4</u>	(7) Number of children of this mother now living, including present birth	(7) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(21) I hereby certify that I attended the birth of this child who was born at 11 30 A.M. on the date above stated. (Hour A. M. or P. M.)  
(22) (Signature) J. F. Stoddard  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Belger  
Physician

Witnesses \_\_\_\_\_  
(25) Date of birth of child 1/26/16 (26) Local Registrar W. J. Carr  
(27) Name of father, if 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.

Registrar 1 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.

McCaw