

Form No 1.

(1) PLACE OF BIRTH

County of York

Township of

or Inc. Town of

or City of Rock Hill

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54142

(2) Full Name of Child Clara Edward Allen

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or triple? X (5) Number in order of birth 1 (6) Are yes (7) DATE BIRTH Mar. 1 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clara J. Allen(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE N. C.(13) OCCUPATION Cotton mill operative(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Gregory(15) PRESENT POSTOFFICE OF MOTHER "(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION "(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at birth, on the date above stated. (born alive or stillborn) (Phys. A. M. or M. D.)(23) (Signature) L. J. Allen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 22 is signed by nurse)

(27) Date 3/6/1916 (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 first month of pregnancy.

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.
Sav. of Columbia