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U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of DorchesterTownship of Dorchesteror  
Inc. Town of Summervilleor  
City of .....

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 17-A

FILE No.—For State Registrar Only

00213

Registered No. 162

(For use of Local Registrar)

(No. Petherford St.; ..... Ward)

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

2. FULL NAME OF CHILD Rachel Elizabeth Allen { If child is not yet named, make supplemental report as directed.3. Boy or Girl Girl If Plural births ..... 4. Twin, triplet or other ..... 5. Number, in order of birth ..... 6. Premature. Full term Yes 7. Are Parents Married? Yes 8. Date of birth March 17, 1916 (Month, day, year)9. Full name FATHER James H. Allen 18. Name before marriage MOTHER Rachel A. Brown10. Residence (mailing address) (If non-resident, give place and State) Summerville S.C. 19. Residence (mailing address) (If non-resident, give place and State) Summerville S.C.11. Color or race Col. 12. Age at child's birth 41 (years) 20. Color or race Col. 21. Age at child's birth 35 (years)13. Birthplace (city or place) (State or country) Summerville S.C. 22. Birthplace (city or place) (State or country) Charleston14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work done, as silk mill, sawmill, bank, etc. Raising Cows 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own Home

16. Date (month and year) last engaged in this work ..... 17. Total time (years) spent in this work ..... 19. .... 25. Date (month and year) last engaged in this work ..... 26. Total time (years) spent in this work ..... 19. ....

27. Number of children of this mother (At time of birth and including this child) 13 (a) Born alive and now living 7 (b) Born alive but now dead 6 (c) Stillborn .....

28. If stillborn, period of gestation ..... months weeks 29. Cause of stillbirth ..... Before labor ..... During labor .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 4:30 P. m. on the date above stated.  
(Born alive or stillborn)[ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. ]Given name added from  
a supplementary report ..... (Date of) .....(Signed) Rachel Allen, Parent

or ..... Guardian

Address Box 451, Summerville, S.C.Filed 8-18, 1913 Joseph Hamilton  
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

M.T. 11-2-13-12