

(1) PLACE OF BIRTH

County of ColletonTownship of Hugulsooor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead 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
46995Registration District No. 3503 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Maylee Allen

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

| | | | | |
|-----------------------------|--|---------------------------------------|-------------------------------------|--|
| (3) BOY OR GIRL? <u>Gal</u> | (4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Aug 5 1916</u> <small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|--|---------------------------------------|-------------------------------------|--|

FATHER.

(8) FULL NAME W. S. Allen(9) PRESENT POSTOFFICE OF FATHER Westminster(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Colleton(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Garden(15) PRESENT POSTOFFICE OF MOTHER Westminster(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Colleton(19) OCCUPATION Housewife(20) 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 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Clara Wood

(24) Sex: whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Westminster

Given name added from a supplemental report

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

(27) Filed 1-19-1916 (28) W. S. Allen 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.

In case of twins or triplets, fill in a separate blank for each child, and answer question 2.