

## (1) PLACE OF BIRTH

County of ClarendonTownship of Manningor  
Inc. Town of .....or  
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

76448

Registration District No. 1307 Registered No. 72

(For use of Local Registrar)

(2) Full Name of Child Allen Stokes { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 29, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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(8) FULL NAME <u>FATHER. James Stokes</u>	(14) NAME BEFORE MARRIAGE <u>MOTHER. Sarah</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Silver R 7 D, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Silver R 7 D, S.C.</u>
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(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>
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(12) BIRTHPLACE <u>Clarendon Co S.C.</u>	(18) BIRTHPLACE <u>Clarendon Co S.C.</u>
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(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farm Work</u>
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(20) Number of children born to mother, including present birth { <u>3</u>	(21) Number of children of this mother now living, including present birth { <u>2</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza Holladay(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Silver R 7 D, S.C.

Given name added from a supplemental report

(26) Witness H. S. Todd

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

(27) Filed Oct 7, 1916 (28) H. S. Todd

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.

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.

McClay, of Columbia.