

(1) PLACE OF BIRTH

Township of

(JP)

Inc. Town of.....
 of

City of

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

(2) Full Name of Child Anna P. Allen

21197

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health.

Registration District No. 10 Registered No. 4

(For use of Local Registrars)

..St: Ward)

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

BOY OR
GIRL?

(4) **Time of Incident**

(U)	Number in order of birth
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
61	61
62	62
63	63
64	64
65	65
66	66
67	67
68	68
69	69
70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Are Parents Shortchanged?

10 DATE OF

BIRTH Feb 15 1910
(Name of Month) (Day) (Year)

FATHER

5) FULL NAME

5) **PRESENT
POSTOFFICE
OF FATHER**

(10) COLOR OR
OR
BASE

12) ~~BATHPLACE~~

13. OCCUPATION

(11) AGE AT LAST BIRTHDAY.

(14) NAME BEFORE MARRIAGE

(18) PRESENT
POSTOFFICE
OF MOTHER

(10) COLOR ON BACK

(10) BIRTHPLACE

(19) OCCUPATION

(17) AGE AT LAST BIRTHDAY...

20. Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(23) (Signature) _____
(24) State whether Physician or Midwife

(28) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness

Signature of Witness necessary only
non question (3 is signed by mark)

(37) Filed

Aug. 10 23 (20) E. D. H. ...
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.