

## (1) PLACE OF BIRTH

County of Allen  
 Township of Cut Pond  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 4603 Registered No. 74  
 (For use of Local Registrar)

No. 31472

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

(2) Full Name of Child Clara Allin If child is not yet named, make supplemental report as directed

(3) SEX girl (4) Type yo (5) Number in order of birth 25 (6) Age 25 (7) DATE Nov 25 1923  
 (Name of Month) (Day) (Year)

FATHER. MOTHER.  
 (8) FULL NAME Pink Allin (14) NAME BEFORE MARRIAGE Ruth Hayes  
 (9) PRESENT ADDRESS OF FATHER allendale st (15) PRESENT ADDRESS OF MOTHER allendale st  
 (10) COLOR Colard (11) AGE AT LAST BIRTHDAY 25 (16) COLOR Colard (17) AGE AT LAST BIRTHDAY 23  
 (12) BIRTHPLACE form (18) BIRTHPLACE house  
 (13) OCCUPATION housewife (19) OCCUPATION housewife  
 (20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Clara on the date above stated. (Name of child) (Sex M. or F. M.)

(23) (Signature) Alberta Ford (24) Since whether Physician or Midwife (25) Address of Physician or Midwife allendale

Given name added from a supplemental report ✓  
 (26) Witness (Signature of Witness necessary only when question 25 is signed by mark)  
 (27) Filed Nov 25 1923 (28) Local Registrar

When there is 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.