

(1) PLACE OF BIRTH

County of Florence

Township of

or Town of

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
Since Board of HealthFile No.—For State Registrar Only
24400Registration District No. 20-A Registered No. 251
(For use of Local Registrar)(2) Full Name of Child Jae S. Allen Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL boy (4) Twin or Triplet no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 4, 1923
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Jae S. Allen (14) NAME BEFORE MARRIAGE Etta Lause(9) PRESENT POSTOFFICE OF FATHER Florence, S.C. (15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31
(Year) (Year)(12) BIRTHPLACE Florence Co. (18) BIRTHPLACE Florence Co.(13) OCCUPATION farmer (19) OCCUPATION 0(20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P. M., on the date above stated. (Born alive or stillborn Hour M. or P. M.)(23) (Signature) C. M. (Dr.) (24) State whether Physician or Midwife (25) Address of Phys. or Midwife

(Given name added from a supplemental report)

Jessie L. CareyNov. 17, 1923

Registrar

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

(27) Filed Aug. 29, 1923 (28) P. H. Ruckman 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.

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