

Form No. 1

(1) PLACE OF BIRTH

County of *Chesterfield*
 Township of *Int. Orange*
 or
 Inc. Town of
 or
 City of (No.)
 (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
 72065

Registration District No. *1205* Registered No. *74*
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>June 30, 1916</i>
<small>To be answered only in event of Twins or Triplets</small>			<small>Married</small>	<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME *Charles Franklin Allen*

(9) PRESENT POSTOFFICE OF FATHER *Parby S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *26* (Years)

(12) BIRTHPLACE *Chesterfield Co S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Thomas*

(15) PRESENT POSTOFFICE OF MOTHER *Parby S.C.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23* (Years)

(18) BIRTHPLACE *Chesterfield Co S.C.*

(19) OCCUPATION *Housewife*

(21) 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 *born alive* at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Robt. M. Newson*
 (24) State whether Physician or Midwife: *Physician* (25) Address of Physician or Midwife: *Parby S.C.*

Given name added from a supplemental report

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

(27) Filed 191... (28) *H. T. Rivers* 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.

MARGIN RESERVED FOR BINDING. WRITE PRINTED 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 on FIRST-BORN No. 1. THE OTHER No. 2, etc., in question 5. S. Columbia.