

(1) PLACE OF BIRTH

County of YorkTownship of York River

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

16271

Registration District No. 440Registered No. 30
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

John William Allison(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 May 10, 1923
(Name of Month) (Day) (Year)FATHER. (14) NAME BEFORE MARRIAGE Leona McDielle(15) PRESENT POSTOFFICE OF FATHER Hickory Grove(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE York(19) OCCUPATION Barber(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 3 M.

on the date above stated.

(23) (Signature) B. H. Miller (24) State South Carolina (25) Address of Physician or Midwife York(26) Witness (Signature of Witness necessary only when question 22 is signed by male) C. H. Kiley(27) Filed 5/14/23 (28) Local Registrar C. H. Kiley

Given name added from a supplemental report

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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.