

(1) PLACE OF BIRTH

County of Marlboro,
 Township of Smithville,
 OR
 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
43783

Registration District No. 3596 Registered No. 69
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

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

(3) ~~364 ON~~ GIRLY
 (4) Twin or Triplet? To be answered only in case of Twins or Triplets
 (5) Number in order of birth
 (6) Are Parents Married? Yes
 (7) DATE OF BIRTH Jan 23 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Allen
 (9) PRESENT POSTOFFICE OF FATHER Kollock, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 55
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Lizzie Wilks
 (15) PRESENT POSTOFFICE OF MOTHER Kollock, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Work
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Easterling
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife Bennettville, S.C.

Given name added from a supplemental report

 19 ..
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed JAN. 1 1923. (28) W. H. P. ... 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 PLAINLY, 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 the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. RECORD OF COLUMBIA, COLUMBIA, S. C.