

RECORD OF BIRTHS IN A PERMANENT RECORD
INFORMATION FOR REGISTRARS - A SEPARATE BLANK FOR EACH CHILD, and mark the
Registration No. 4. THE OFFICE, No. 2, etc. in question 3.
Special for Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
County of Sumner
Township of Sumner
or Town of
or City of
(If birth occurs in a hospital or other institution give name of same instead of street and number.)
Registration District No. 42.07 Registered No. 21
(For use of Local Registrar)
State Board of Health
File No. For State Registrar Only
9409

(2) Full Name of Child Marguerite S. Allen
If child is not yet named, make supplemental report as directed
(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 22 1922
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Will S. Allen</u>	(14) NAME BEFORE MARRIAGE <u>Theresa Kendrick</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C.</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Chester Co. S.C.</u>	(18) BIRTHPLACE <u>Union, S.C.</u>	(13) OCCUPATION <u>Milk operator</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated. (Hour A. M. or P. M.)
(23) (Signature) H. H. S. Sweeney
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by male)
(27) Filed 4-10-22 (28) D. S. Sarratt Local Registrar
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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