

(1) PLACE OF BIRTH

County of SumnerTownship of Sumneror Town of SumnerCity of Sumner

(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

9409

Registration District No. 42.07 Registered No. 21

(For use of Local Registrar)

(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 12 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will S. Allen(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Chester Co. S.C.(13) OCCUPATION Milk operator(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Klara Kendrick(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Domestic(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 at stillborn at 11 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) D. H. S. Sarratt

(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 mark)

(27) Filed 4-10-22 (28) D. S. Sarratt 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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Special for Columbia, Columbia, S. C.
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