

(1) PLACE OF BIRTH

County of Lowndes

Township of _____

or
City of _____or
City of _____

2) Full Name of Child

Allen B. Blease

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

165Registration District No. 1Registered No. 23

(For use of Local Registrar)

(If child is not yet named, make

supplemental report as required)

3) SEX OF CHILD

(4) Twin or Triple?

(5) Number in order of birth

(6) Are Parents Married?

7) DATE OF BIRTH

Name of Month

Day

Year

FATHER

8) FULL NAME

9) PRESENT POST OFFICE ADDRESS

10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POST OFFICE ADDRESS IF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Witness

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

(26) MAY. 9. 1923

(27) Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return of stillbirths. No report is desired of stillbirths before the 28th week of pregnancy.