

8/17/45 p

File No. 1051

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of SumterTownship of Razling Creekor
Inc. Town of _____or
City of Rembert, S.C. (No. _____ St.: _____ Ward _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Violet Allen

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4106

FII

23 048041

Only

Registered No. _____

(For use of Local Registrar)

2. FULL NAME OF CHILD

{ If child is not yet named, make supplemental report as directed

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>MARCH 7,</u> <u>March 7,</u> 19 <u>23</u> (Month, day, year)	
9. Full name <u>FATHER</u> <u>WILLIAM ALLEN</u>				18. Name before marriage <u>MOTHER</u> <u>MARY KEATH</u>			
10. Residence (mailing address) (If non-resident, give place and State) <u>Rembert</u>				19. Residence (mailing address) (If non-resident, give place and State) <u>Rembert</u>			
11. Color or race. <u>Col</u>		12. Age at child's birth... <u>2.2</u> (years)		20. Color or race. <u>Col</u>		21. Age at child's birth... <u>2.0</u> (years)	
13. Birthplace (city or place) (State or country) <u>Rembert, S.C.</u>				22. Birthplace (city or place) (State or country) <u>Rembert, S.C.</u>			
14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....				23. Trade, profession, or particular kind of work done, as house- keeper, typist, nurse, clerk, etc. <u>Housework</u>			
15. Industry or business in which work done, as silk mill, sawmill, bank, etc..... <u>Laborer</u>				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....			
16. Date (month and year) last engaged in this work 19.....				17. Total time (years) spent in this work. <u>1.2</u>		25. Date (month and year) last engaged in this work 19.....	
26. Total time (years) spent in this work.....				27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn			
28. If stillborn, period of gestation..... { months } weeks				29. Cause of stillbirth { Before labor During labor			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 8 P. m. on the date above stated.{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return. }Given name added from
a supplementary report _____

(Date of) _____

Registrar.

(Signed) Mary Allen, Parent
or Rembert S.C., Guardian
Address Rembert S.C.
Filed 8-31, 19 45 Thos. P. Lesesne
Registrar.

8/31/45, file no 1051, free,
MARGIN RESERVED FOR BINDINGWRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)