

Form No. 1

## (1) PLACE OF BIRTH

County of Auderson  
 Township of Williamston  
 Inc. Town of Phyllis  
 City of Phyllis

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 3Registered No. 149  
(For use of Local Registrar)

(2) Full Name of Child Anne Ruth Allen (No. 3 St. 1)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

3. BOY OR GIRL <u>girl</u>	4. Twin or Triplet To be covered only in event of Twin or Triplet	5. Number in order of birth	6. Are parents married <u>yes</u>	7. DATE OF BIRTH <u>Nov 13</u> (Day) (Year) <u>23</u>
FATHER.			MOTHER.	
8. FULL NAME <u>Monroe Allen</u>	14. NAME BEFORE MARRIAGE <u>Pearl Knight</u>			
9. PRESENT POSTOFFICE OF FATHER <u>Phyllis S.C.</u>	15. PRESENT POSTOFFICE OF MOTHER <u>Phyllis S.C.</u>			
10. COLOR OR RACE <u>White</u>	11. AGE AT LAST BIRTHDAY <u>24</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT LAST BIRTHDAY <u>20</u> (Years)	
12. BIRTHPLACE <u>S.C.</u>	18. BIRTHPLACE <u>B.C.</u>			
13. OCCUPATION <u>Farmer</u>	19. OCCUPATION <u>housewife</u>			
20. Number of children born to mother, including present birth <u>One</u>	21. Number of children of this mother now living, including present birth <u>One</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Hour A. M. or P. M.) 3:40 A.M.  
 on the date above stated.

(23) (Signature) M. T. Martin(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Phyllis S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 22 1923 (28) M. T. Martin 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.