

(1) PLACE OF BIRTH

County of Horry Co.  
Township of Cermary  
or  
Inc. Town of.....  
or  
City of.....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**86051**

Registration District No. 2502 Registered No. 183  
(For use of Local Registrar)

(No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leatherne 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 5 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME L. E. Allen  
(9) PRESENT POSTOFFICE OF FATHER Allen SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26  
(Years)  
(12) BIRTHPLACE Horry Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Annie Smith  
(15) PRESENT POSTOFFICE OF MOTHER Allen SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Years)  
(18) BIRTHPLACE Horry Co  
(19) OCCUPATION Housewife  
(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 Allen at 5 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca W. Ford  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Horry SC

Given name added from a supplemental report  
.....  
19 ..  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Nov 11 1916 (28) J. D. Dyer 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.