

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Reithor  
Inc. Town ofor  
City of

(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

49225

Registration District No. 2202Registered No. 48

(For use of Local Registrar)

St.: ..... Ward:

(2) Full Name of Child Ernest Dean Allen

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb. 9, 1916

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

James Dean

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C. Rt #5-

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Farmhand

(20) Number of children born to mother, including present birth

1

(14) NAME BEFORE MARRIAGE

Malinda Allen

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C. Rt #2

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Greenville Co

(19) OCCUPATION

Farm hand

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 11 at M. on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

R. F. McLaughlin M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greenville S.C. Rt #5-

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/8 1916(28) V. R. Jones

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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FIRST-BORN, No. 1. YMM OTHIR, No. 2, etc., in question 8.  
M. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
WRITER PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.  
M. H. of Columbia.