

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

88927

Registered No. 58  
(For use of Local Registrar)

## (2) Full Name of Child

Barney B. Allison

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

4

(6) Are Parents Married?

(7) DATE OF BIRTH

Nov 1 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Illegitimate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Eugenia Taylor

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Domestic

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Gaffney, S.C. #3

Given name added from a supplemental report

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Registrar

(26) Witness

Royce Gardner

(27) Filed

Dec 30 1916

(28)

J. L. Gardner

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.