

(1) PLACE OF BIRTH

County of Anderson
 Township of Cornwall
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
12814

Registration District No. 304 Registered No. 46.....
 (For use of Local Registrar)

City of (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 Asa Allen If child is not yet named, make supplemental report as directed

(3) SEX OR ONLY Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH May 26, 23
 (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>Ashberry Allen</u>	(14) NAME BEFORE MARRIAGE <u>Gertrude White</u>		(14) NAME BEFORE MARRIAGE <u>Gertrude White</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ida</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ida</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Ida</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>20</u>		(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>	
(12) BIRTHPLACE <u>Abbeville Co</u>			(18) BIRTHPLACE <u>Abbeville Co</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Ida

Give name added from a supplemental report

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

(27) Filed May 28, 1923 Local Registrar.

19 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.