

(1) PLACE OF BIRTH.

County of Fairfield

Township of

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1906

File No.—For State Registrar Only

28214Registered No. 59
(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 Samuel Allen

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

(3) BOY OR GIRL (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married (7) DATE OF BIRTH Sept 11/23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Allen
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Pearl Gibson
(16) PRESENT POSTOFFICE OF MOTHER
(17) AGE AT LAST BIRTHDAY 28 (Years)
(18) COLOR OR RACE C
(19) BIRTHPLACE S.C.
(20) OCCUPATION
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Highway, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question as to signature by father)

(27) Filed 9/23/23

(28)

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 25th month of pregnancy.