

Form No. 1

(1) PLACE OF BIRTH

County of Jasper
 Township of North
 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

30794

Registration District No. 2-6-1 / Registered No. 62
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Beatrice 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sep 23 22
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Allen

(14) NAME BEFORE MARRIAGE Edie Williams

(9) PRESENT POSTOFFICE OF FATHER Cosmopolatense

(15) PRESENT POSTOFFICE OF MOTHER Cosmopolatense

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Year)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)

(12) BIRTHPLACE Cosmopolatense

(18) BIRTHPLACE Cosmopolatense

(13) OCCUPATION Farmer

(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 2

(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 Alive at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elizabeth Chisolm

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

Given name added from a supplemental report

(26) Witness Beatrice Allen

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

(27) Filed 9/30 19 22 (28) R. W. Roberts 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.

WRITTEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
 MEDICAL OFFICE, COLUMBIA, S. C.