

(1) PLACE OF BIRTH

County of

Cherokee

Township of

Crimin

or
Inc. Town of

Crimin

or
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

686

Registration District No. 100.3 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child

Billie Sue Allen

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

(1) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 20, 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Willis Edwin Allen

(9) PRESENT POSTOFFICE OF FATHER

Gaffney S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Cherokee Co. S.C.

(13) OCCUPATION

Cotton mill work

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

One

MOTHER

(14) NAME BEFORE MARRIAGE

Bernie Seaton

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney S.C.

(16) COLOR RACE

White

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Cherokee Co. S.C.

(19) OCCUPATION

Domestic

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

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. M. C. ...

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

Given name added from a supplemental report

(26) Witnesses

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

(27) Filed

Feb. 1, 1922

(28)

H. F. Pritchard

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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FORM NO. 1. MARINE-REGISTERED FOR BIRTHS.

THIS IS A PERMANENT RECORD. IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE PAGE OF COLUMN.