

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Bellevue Springs
 or
 Inc. Town of Abbeville
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24389

Registration District No. 103 Registered No. 17
 (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 Lucile Allen {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Aug 8 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Amos Allen

(9) PRESENT POSTOFFICE OF FATHER

Abbeville

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Abbeville S.C.

(13) OCCUPATION

Farmer

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

12

MOTHER.

(14) NAME BEFORE MARRIAGE

Alonza Alston

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Abbeville

(19) OCCUPATION

Housewife

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

(23) (Signature) Lucy S. Ramey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Abbeville S.C.

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed Aug 10 22 (28) Lucile Ramey 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.

MARGIN RESERVED FOR BINDING.

WRITE 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 mark the FIRST-BORN, No. 1. THE OTHER, No. 2 etc., in question 5.

McCAW OF COLUMBIA, S. C.