

THIS IS A PERMANENT RECORD.  
 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.

DEPT. OF COMMERCE, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Saluda

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 2215

File No. — For State Registrar Only

7782Registered No. 56

(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

Marion D. Allen

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

(3) BOY OR  
GIRL Boy(4) Twin  
or Triplet

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes

(7) DATE OF

BIRTH Jan 29, 1922  
(Name of Month) (Day) (Year)(8) FULL  
NAME

FATHER

J. C. Allen(9) PRESENT  
POSTOFFICE  
OF FATHERTranellus Post(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY 31  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming(20) Number of children born to  
mother, including present birth7(14) NAME BEFORE  
MARRIAGE

MOTHER

Lealla Bayne(15) PRESENT  
POSTOFFICE  
OF MOTHERTranellus Post(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY 28  
(Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother  
now living, including present birth4

## 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, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physic or Midwife

Given name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed April 8, 1922(28) Wm. D. Allen 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.