

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

37319

Registration District No. 603

Registered No. 59

(For use of Local Registrar)

(No. of Institution) Give name of same instead of street and number.

Full Name of Child Fred James Allaway, Jr. If child is not yet named, make supplemental report as directed

(5) Number in order of birth

(6) Sex

(7) DATE OF BIRTH

Nov 17 22

(Year) (Month) (Day)

MOTHER

(14) NAME BEFORE MARRIAGE

Hazel Rush

(15) PRESENT POSTOFFICE OF MOTHER

Shelton S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Cardinia S.C.

(19) OCCUPATION

Housewife

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I attended the birth of this child, who was at 2:30 A.M. (Hour A.M. or P.M.)

(23) (Signature)

W. Stamps, Physician

(24) State whether Physician or Midwife

Address of Physician or Midwife

Parrisland, S.C.

(25) Witness

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

(27) Filed

Nov 17 1922

(28)

H. K. Kessler

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar

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