

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Society Hill  
 or  
 Inc. Town of .....  
 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

76685

Registration District No. 510 Registered No. 52  
 (For use of Local Registrar)

(2) Full Name of Child Albert H. Allale If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 11, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Isaac H. Allale  
 (9) PRESENT POSTOFFICE OF FATHER Society Hill S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 65 (Years)  
 (12) BIRTHPLACE Darlington Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Cora Allale  
 (15) PRESENT POSTOFFICE OF MOTHER Society Hill S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)  
 (18) BIRTHPLACE Darlington Co  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 4

## 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) Anna H. Lane  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Society Hill S.C.

Given name added from a supplemental report

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

(27) Filed Sep 27, 1916 (28) Will S. S. S. S. 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.