

## (1) PLACE OF BIRTH

County of Wilkes  
 Township of Wilkes  
 Inc. Town of \_\_\_\_\_  
 City of \_\_\_\_\_

# CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

3098

Registration District No. 313 Registered No. 2  
 (For use of Local Registrar)

(2) Full Name of Child Rufus Allen

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

2. SEX (M.) \_\_\_\_\_ (F.) \_\_\_\_\_  
 3. Year \_\_\_\_\_  
 4. Month \_\_\_\_\_  
 5. Number in order of birth \_\_\_\_\_  
 To be answered only in event of Twins or Triplets

DATE OF BIRTH Feb 7 1922  
 (Name of Month) (Day) (Year)

## FATHER

1. FULL NAME W. H. 4  
 2. PRESENT POSTOFFICE OF FATHER Wilkes  
 3. COLOR OF RACE W  
 4. BIRTHPLACE W. H. 4  
 5. OCCUPATION Farmer

14. NAME BEFORE MARRIAGE McAfee  
 15. PRESENT POSTOFFICE OF MOTHER Anderson  
 16. COLOR OF RACE W  
 17. BIRTHPLACE W. H. 4  
 18. OCCUPATION Farmer

19. Number of children born to other including present birth 6

20. Number of children of this mother now living including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21. I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.

(23) (Signature) Lucinda C. Linkscale  
 (24) State whether Physician or Midwife \_\_\_\_\_  
 (25) Address of Physician or Midwife W. H. 4

Given name of child from a supplementary report

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

(27) Date Mar 15 1922 (28) E. A. Colson Local Registrar

If 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.

Local Registrar \_\_\_\_\_  
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