

(1) PLACE OF BIRTH

County of Charlotte
 Township of Lincolnton
 or
 Inc. Town of Lincolnton
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10419

Registration District No. 102 Registered No. 94
 (For use of Local Registrar)

(No. 928 Logan 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

James Edward Allison

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert James Allison

(9) PRESENT POSTOFFICE OF FATHER Lincolnton

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Lincolnton

(13) OCCUPATION Merchant

MOTHER.

(14) NAME BEFORE MARRIAGE Magie B. Thompson

(15) PRESENT POSTOFFICE OF MOTHER Lincolnton

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Charlotte

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (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 at 1:30 A.M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. J. Harrison (24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed 5/10 1922 (28) R. F. Russell 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.

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FIRST-BOEN No. 1. THE OTHER No. 2, etc. in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.