

(1) PLACE OF BIRTH

County of AndersonTownship of PiedmontInc. Town of PiedmontCity of Piedmont

(No. St. Ward)

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

Registration District No. 3 B

For State Registrar Only

38443

Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child Michael R. Allen

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

3) BOY OR GIRL Male

4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Dec 18 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B. F. Allen(9) PRESENT RESIDENCE OF FATHER Piedmont S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Textile Worker(14) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(15) I hereby certify that I attended the birth of this child, who was born on the date above stated.(Born alive or stillborn) (Hour A. M. or P. M.) 4:20 P.M.(16) (Signature) J. H. Fleming

(17) State whether Physician or Midwife

(18) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

(19) Witness

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

(20) Dec 15 1923(21) J. H. Fleming

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.

*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.