

(1) PLACE OF BIRTH

County of Harley
 Township of Bradley
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only
32609

Registration District No. 2.5.50 Registered No. 7.8
 (For use of Local Registrar)

(No. 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 George Ross Allen (If child is not yet named, make supplemental report as directed)

(a) SEX OF CHILD Male (b) Type of Birth Normal (c) Number in order of birth 1 (d) Age of Father 35 (e) DATE OF BIRTH July 27, 1923
 To be reported only in case of Twins or Triplets (f) Name of Month (Day) (Year)

FATHER.

(1) FULL NAME M. Brady Allen
 (2) PRESENT POSTOFFICE OF FATHER Albion, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Year)
 (12) BIRTHPLACE Harley Co. S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Gillie Washburn
 (15) PRESENT POSTOFFICE OF MOTHER Albion, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)
 (18) BIRTHPLACE Harley Co. S.C.
 (19) OCCUPATION Housewife
 (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 Albion, S.C. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Sia Sheller

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Beaufort Spring 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 Oct 15, 1923

(28) J. H. B. ... 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.