

(1) PLACE OF BIRTH

County of AndersonTownship of Centervilleor
In. Town ofor
City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Curie Rose AllenFile No. - For State Registrar Only
12813Registration District No. 305 Registrar No. 50
(For use of Local Registrar)

St.; Ward)

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

3 Sex of Child <u>Y</u>	4 Twin or Triplet To be answered only in event of Twin or Triplet	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>May 21, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

8 Full Name Yancey Allen

9 Present Postoffice of Father Anderson Co.

10 Color or Race Col.

11 Age at Last Birthday 27 (Years)

12 Birthplace Anderson Co. Ga.

13 Occupation Farm Laborer

MOTHER.

14 Name Before Marriage Lila Rose Latimer

15 Present Postoffice of Mother Anderson Co.

16 Color or Race Col.

17 Age at Last Birthday 26 (Years)

18 Birthplace Anderson Co.

19 Occupation Farming

20 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was alive at 4 45 A. M. on the date above stated.(22) (Signature) W. D. Thompson(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Anderson Co.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed May 22, 1923 (27) 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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