

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of My Zion  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**31779**

Registration District No. 12/17Registered No. 24  
(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 Arny Linae Allen If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

no

(7) DATE OF BIRTH

Sept 30 1933  
(Name of Month) (Day) (Year)

## FATHER.

FULL NAME

Gaston M. C. Follen

PRESENT POSTOFFICE OF FATHER

Manning SC

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

25 (Years)

(12) BIRTHPLACE

Clarendon Co.

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

1 one

## MOTHER.

(14) NAME BEFORE MARRIAGE

Monie H. Black

(15) PRESENT POSTOFFICE OF MOTHER

Manning

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

17 (Years)

(18) BIRTHPLACE

Clarendon Co.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

1 one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 a.m.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Manning SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 30 1933

(28)

V. L. Spatt  
Local Registrar.19  
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.