

THIS IS A PERMANENT RECORD
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson

Township of ...

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

20838

Registration District No. 3 B

Registered No. 42
(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 Frances Elizabeth 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 Twins or Triplets 5 Number in order of birth ... 6 Are Parents Married? yes 7 DATE OF BIRTH July 1, 1922
(Same of Month) (Day) (Year)

FATHER.

8 FULL NAME Frank Allen

9 PRESENT POSTOFFICE OF FATHER Piedmont S.C.

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

12 BIRTHPLACE S.C.

13 OCCUPATION artile work

20 Number of children born to mother, including present birth 2

MOTHER.

14 NAME BEFORE MARRIAGE Ethel Crofford

15 PRESENT POSTOFFICE OF MOTHER Piedmont S.C.

16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 19
(Years)

18 BIRTHPLACE S.C.

19 OCCUPATION Domestic

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 ... at 10:57 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) ... (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont

Given name added from a supplemental report

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

(27) File July 12, 1922 (28) 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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