FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17516

(1) PLACE OF BIRTH

County of Union

Township of Fish Dam

or

Inc. Town of ..... Registration District No. 4203 Registered No. 21 (For use of Local Reistrar)

or

City of ..... (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** Henry Allen — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
boy		7	yes	May 11, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Thos. Allen	(14) NAME BEFORE MARRIAGE	Sallie Sykes
(9) PRESENT POSTOFFICE OF FATHER	Carlisle	(15) PRESENT POSTOFFICE OF MOTHER	Carlisle
(10) COLOR OR RACE	Blk	(16) COLOR OR RACE	Blk.
(11) AGE AT LAST BIRTHDAY (Years)	40	(17) AGE AT LAST BIRTHDAY (Years)	30
(12) BIRTHPLACE	SC	(18) BIRTHPLACE	SC
(13) OCCUPATION	Farming	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	10	(21) Number of children of this mother now living, including present birth	7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 30 ch. A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Alice M. F. Jeter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191...

..... Registrar

(26) Witness P. H. Jeter (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 15 1915 (28) P. H. Jeter 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

McCaw, of Columbia