

Form No. 1

(1) PLACE OF BIRTH

County of AikenTownship of Langleyor
Inc. Town ofCity of Bath, S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32903

Registration District No. 217a Registered No. 95
(For use of Local Registrar)(2) Full Name of Child Mildred Waller

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

(3) BOY OR GIRL girl (4) Twin or Triplet? - (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. T. Waller(9) PRESENT POSTOFFICE OF FATHER Bath, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Washington Co. Ga.(13) OCCUPATION Cotton Mill Oper(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Dessie Tompkins(15) PRESENT POSTOFFICE OF MOTHER Bath, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Washington Co. Ga.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. D. McPherson, M.D.

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

Given name added from a supplemental report

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

(27) Filed Oct 16, 1922 (28) L. W. Stradley 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 INDEXING.
WRITE PLAINLY, WITH UNFADING INK—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.

Metall of Columbia, Columbia, S. C.