

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

or
City of

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

(2) Full Name of Child

File No. — For State Registrar Only
51712

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

Registration District No. 1203 Registered No. 57
(For use of Local Registrar)

(3) BOY OR GIRL? <input checked="" type="checkbox"/> BOY	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth 1st	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Nov 25-6</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm James Wallace</u>			(14) NAME BEFORE MARRIAGE <u>Ida Bailey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chertsville DC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Chertsville DC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Chertsville Co</u>			(18) BIRTHPLACE <u>Anson Co N.C.</u>	
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>house keeper</u>	
(20) Number of children born to mother, including present birth <u>four</u>			(21) Number of children of this mother now living, including present birth <u>four</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. T. Taylor
(24) State whether Physician or Midwife ☒ Midwife (25) Address of Physician or Midwife Chertsville

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by doctor)
Wm J. McElroy
(27) Filed Nov 25 1916 (28) W. E. Mulloy
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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FORM NO. 1
 WHEN FILLING IN, WRITE ONE NAME IN EACH SPACE. 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 3.