

(1) PLACE OF BIRTH  
 County of Greene  
 Township of LI  
 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  
**64568**

Registration District No. 2209 Registered No. 310  
 (For use of Local Registrar)

(2) Full Name of Child Wallace E. G. O. Aspray ... } If child is not yet named, make supplemental report as directed

(3) BOB OR GIRL Boy (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 16 1921  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John Aspray  
 (9) PRESENT POSTOFFICE OF FATHER #26-4<sup>th</sup> on Judson  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39  
 (12) BIRTHPLACE England  
 (13) OCCUPATION Worries Cotton Mill  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Venie Carney  
 (15) PRESENT POSTOFFICE OF MOTHER #9  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22  
 (18) BIRTHPLACE Ala.  
 (19) OCCUPATION House Keeper  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 45 9 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Wallace  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 108 1/2 Pleasant

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed July 1 1921 (28) A. H. Mackey 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.