

(1) PLACE OF BIRTH
 County of Greene
 Township of 21
 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) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> <small>To be numbered only in event of Twins or Triplets</small> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>June 16</u> <small>(Name of Month) (Day) (Year)</small> |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>John Aspray</u> | | | (14) NAME BEFORE MARRIAGE <u>Kenia Carney</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>#26-4th on Hudson</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>#9</u> | |
| (10) COLOR OR RACE <u>white</u> | (11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small> | (16) COLOR OR RACE <u>W</u> | (17) AGE AT LAST BIRTHDAY <u>22</u> <small>(Years)</small> | (18) BIRTHPLACE <u>Ala.</u> |
| (12) BIRTHPLACE <u>England</u> | | | (19) OCCUPATION <u>House Keeper</u> | |
| (13) OCCUPATION <u>Worries Cotton Mill</u> | | | (20) Number of children of this mother now living, including present birth <u>1</u> | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | |

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____
 _____, 191____
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
July 1 1916 (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.

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.

MARGIN RESERVED FOR BINDING.