

Dr Sloan

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

No. 22040 for this Register only

(1) PLACE OF BIRTH

County of Blaine
Township of Wagner
or
Inc. Town of
or
City of

Registration District No. 3406 Registered No. 51
(For use of Local Registrar)
(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 James Wald (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>To be entered only in event of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) Are Fresh Marriages <u>yes</u>	(7) DATE OF BIRTH <u>July 24, 1923</u> (Day of Month) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>Eddie Wald</u>				(14) NAME BEFORE MARRIAGE <u>Effie Addis</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Wallhalla S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Wallhalla S.C.</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Blaine Co.</u>		(18) BIRTHPLACE <u>Blaine Co. S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1 child (3)</u>		(21) Number of children of this mother now living, including present birth <u>1 child</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.
(23) (Signature) Dr. Sloan
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wallhalla S.C.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed by 5 1923 (28) Th. H. U. G. 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.