

(1) PLACE OF BIRTH

County of Anderson

Municipality of

In Town of

City of

(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

No. 2746Registration District No. 3ARegistered No. 57

(For use of Local Registrar)

(2) Full Name of Child Wallace Stone

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

(1) SEX OF CHILD <u>Male</u>	(4) Was child born? <u>Yes</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 16 22</u> (Month) (Day) (Year)
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FATHER.

(11) FULL NAME William Stone

(12) PRESENT RESIDENCE OF FATHER Anderson

(13) COLOR OR RACE White AGE AT LAST BIRTHDAY 46 (Years)

(14) BIRTHPLACE S.C.

(15) OCCUPATION millwright

(16) Number of children born to mother, including present birth One

MOTHER.

(17) NAME BEFORE MARRIAGE Fannie Hunter

(18) PRESENT RESIDENCE OF MOTHER Anderson

(19) COLOR OR RACE White AGE AT LAST BIRTHDAY 28 (Years)

(20) BIRTHPLACE Ga

(21) OCCUPATION Dandy and

(22) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was on
(Name of child) (Date of birth) (Month) (Day) (Year)(23) (Signature)
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name and address of physician or midwife who attended the birth of this child.

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NOTARY PUBLIC

Anderson

Anderson

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