

PLACE OF BIRTH

Spartanburg  
County of .....  
or  
Town of .....

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

(No. .... Street or Number; ..... Ward)

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

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

(1) Full Name of Child: John C. Waller

sex: girl

(4) Type of Twins: Twins

(5) Number in order of birth  
To be reported in event of Twins or Triplets

(6) Age at birth: 1 year

(7) Registered No. 276  
(for use of Local Register)

FATHER:

Name: John Waller

PARENT  
OR OWNER  
OF MOTHER

Spokane D.C.

COLOR

Col

(11) AGE AT LAST BIRTHDAY

26

(Years)

BIRTHPLACE

Lawrence D.C.

DEPARTMENT

Laborer

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

(9) (Signature)

(10) State, whether Physician or Midwife

(11) Address of Physician or Midwife

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