

MARGIN REMOVED 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 1.

State of Columbia, Charleston, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. In.—For this Registry	
County of <u>Portland</u>		STATE OF SOUTH CAROLINA		44810	
Township of <u>Portland</u>		Bureau of Vital Statistics			
Inc. Town of.....		State Board of Health			
City of.....		Registration District No. <u>4.008</u>		Registered No. <u>2</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)			
(2) Full Name of Child <u>Larry Edith</u>		If child is not yet named, make supplemental report as directed			
(3) SEX OF CHILD <u>girl</u>	(4) Type of Trunk To be entered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age of Child	(7) DATE OF BIRTH <u>12-20-22</u>	(Date of Month) (Day) (Year)
FATHER.			MOTHER.		
(8) FULL NAME <u>Ralph Wallin</u>	(10) NAME BEFORE MARRIAGE <u>Mary Kate Mendenhall</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Fairforest S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Fairforest S.C.</u>				
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>29</u>	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>31</u>		
(16) BIRTHPLACE <u>S.C.</u>	(17) BIRTHPLACE <u>ala</u>				
(18) OCCUPATION <u>Insult apt Southern</u>	(19) OCCUPATION <u>House W K</u>				
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> (Born alive or Stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>[Signature]</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Portland 33</u>					
(Given name added from a supplemental report)			(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)		
			(27) Filed <u>Sept. 10 1925</u> (28) <u>Mrs. C. J. Gaska</u> 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.					

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