

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

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

File No.—For State Registrar Only

20586

Registration District No. 4408 Registered No. 73
 (For use of Local Registrar)

(2) Full Name of Child Wallace Henry

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

3) BOY OR
GIRL Girl4) Twin
or Triplet?5) Number in
order of birth6) Are
Parents
Married?

7) DATE OF

BIRTH March 7, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME H. M. Verry9) PRESENT
POSTOFFICE
OF FATHER York P. O. D.10) COLOR
OR
RACE White11) AGE AT LAST
BIRTHDAY 29
Year12) BIRTHPLACE Richmond Co N.C.13) OCCUPATION Farmer20) Number of children born to
mother, including present birth 1

MOTHER.

14) NAME BEFORE
MARRIAGE Carrie Belle Adkins15) PRESENT
POSTOFFICE
OF MOTHER York P. O. D.16) COLOR
OR
RACE White17) AGE AT LAST
BIRTHDAY 28
Year18) BIRTHPLACE York Co S.C.19) OCCUPATION Housewife21) Number of children of this mother
now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive... at... 3:30 P.M.
 on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) E. A. Dratton M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife York S.C.Given name added from a supplemen-
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)(27) Filed March 14, 1922 (28) John H. Barrow
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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