

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 6.
 N. B.—Law of Columbia
 WAIT
 McCaw

(1) PLACE OF BIRTH
 County of Spartanburg **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 File No.—For State Registrar Only
44637
 Township of Whitbee
 or
 Inc. Town of Registration District No. 4002B Registered No. 114
 or
 City of (No. St.: Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (For use of Local Registrar)

(2) Full Name of Child Mariel Wall } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl **(4) Twin or Triplet?** - **(5) Number in order of birth** 11 **(6) Are Parents Married?** no **(7) DATE OF BIRTH** Dec. 2, 1914
To be answered only in case of twins & triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Walter Wall
(9) PRESENT POSTOFFICE OF FATHER Spty # 2
(10) COLOR OR RACE white **(11) AGE AT LAST BIRTHDAY** 43
(Years)
(12) BIRTHPLACE Spty Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 11

MOTHER.
(14) NAME BEFORE MARRIAGE Corra Horton
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg # 2
(16) COLOR OR RACE white **(17) AGE AT LAST BIRTHDAY** 37
(Years)
(18) BIRTHPLACE
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive **at** 2 **M.**
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. L. Wall MD
(24) State whether Physician or Midwife Physician **(25) Address of Physician or Midwife** Spty # 2

Given name added from a supplemental report 191...
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jan 3, 1915 **(28)** W. L. Wall **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.
 Registrar 1 Local Registrar

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