

1) PLACE OF BIRTH,

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

File No.—For State Registrar Only  
**19394**

County of Charleston  
Municipality of Boysenville  
or  
City of Buffalo

Registration District No. 4-2-B Registered No. 74  
(For use of Local Registrar)

Day of June (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Jessie Alberta Wallen If child is not yet named, make supplemental report as directed

3) SEX Female 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH June 17, 1923  
(Name of Month) (Day) (Year)

**FATHER.**  
1) FULL NAME John Wallen  
2) PRESENT RESIDENCE OF FATHER Buffalo S.C.  
3) COLOR OR RACE White 4) AGE AT LAST BIRTHDAY 60  
(Year)  
5) BIRTHPLACE Tennessee  
6) OCCUPATION Farmer

**MOTHER.**  
1) NAME BEFORE MARRIAGE Sara Jane Parsons  
2) PRESENT RESIDENCE OF MOTHER Buffalo S.C.  
3) COLOR OR RACE White 4) AGE AT LAST BIRTHDAY 45  
(Year)  
5) BIRTHPLACE Virginia  
6) OCCUPATION Domestic  
7) Number of children of this mother now living, including present birth 8

8) I hereby certify that I attended the birth of this child, who was Alive at 12 M., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Buffalo S.C.

When name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 10, 1923 (28) 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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