

(1) PLACE OF BIRTH

County of

Township of

Sec. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

10096

Registration District No.

Registered No.

(For use of Local Registrar)

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

Full Name of Child

Henry Mallow

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

SEX OF CHILD

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(1) FULL NAME

W. Wallace

(14) NAME BEFORE MARRIAGE

Olevis Cohen

(2) PRESENT RESIDENCE

Wrenn, S.C.

(15) PRESENT RESIDENCE OF MOTHER

Wrenn, S.C.

(3) COLOR OR RACE

Wrenn

(11) AGE AT LAST BIRTHDAY

28 (Years)

(16) COLOR OR RACE

Wrenn

(17) AGE AT LAST BIRTHDAY

29 (Years)

(4) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(5) OCCUPATION

Farmer

(19) OCCUPATION

Farmer

(6) Number of children born to mother including present birth

Four

(21) Number of children of this mother now living, including present birth

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

S. A. S. S. S.

(24) State whether Physician or Midwife

(25) Signature of Physician or Midwife

Wrenn, S.C.

(26) Name added from a supplemental report

(26) Witness

M. K. S. S.

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

4/11/1912

Registrar

Local Registrar

When there was no attending physician or midwife, then the father, household, 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.