

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

(1) PLACE OF BIRTH

County of Lancaster
 Township of Gill Creek
 or
 Inc. Town of
 or
 City of Lancaster
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
4326

Registration District No. 28 Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child

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

(1) SEX OR GUILD <u>girl</u>	(2) Twin or Triplet? To be answered only in case of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>yes</u>	(5) DATE OF BIRTH <u>July 5, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(6) FULL NAME William H. Waller
 (7) PRESENT POSTOFFICE OF FATHER Lancaster S.C.
 (8) COLOR OR RACE Colored (9) AGE AT LAST BIRTHDAY 23
 (10) BIRTHPLACE Lancaster
 (11) OCCUPATION Butler
 (12) Number of children born to mother, including present birth 1 or 2

MOTHER.

(13) NAME BEFORE MARRIAGE Eliza Coleman
 (14) PRESENT POSTOFFICE OF MOTHER Lancaster
 (15) COLOR OR RACE Colored (16) AGE AT LAST BIRTHDAY 20
 (17) BIRTHPLACE Lancaster S.C.
 (18) OCCUPATION Housekeeper
 (19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born at 1020 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Jimmie Waller
 (22) State whether Physician or Midwife (23) Address of Physician or Midwife

(24) Give name address and occupation of witnesses
 (25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) (Signature) J. T. Thomas
 (27) Local Registrar.

When there was no attending physician or midwife, the father, grandfather, etc., should make this return. If a child is born dead, it should be reported as stillborn. No report is desired of stillbirths the sixth month of pregnancy.