

Form No. 10.

MARGIN RESERVED FOR BINDING.

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. THIS OFFICE, No. 2, etc., in question 5.

City of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of

City of Greenville

(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

52284

Registration District No. 22 A. Registered No. 113

(For use of Local Registrar)

(2) Full Name of Child Child Wallace Huckels

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE March 26 1916
BIRTH (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME George F. Huckels(10) PRESENT POSTOFFICE OF FATHER 428 Green Ave.(11) COLOR White (12) AGE AT LAST BIRTHDAY 23 (Years)(13) BIRTHPLACE Udolphus Co. Va.(14) OCCUPATION Shoring Cotton Mill(15) Number of children born to mother, including present birth 1

MOTHER.

(16) NAME BEFORE MARRIAGE Addie McKenzie(17) PRESENT POSTOFFICE OF MOTHER 428 Green Ave.(18) COLOR White (19) AGE AT LAST BIRTHDAY 18 (Years)(20) BIRTHPLACE Ashtville, N. C.(21) OCCUPATION House Keeper(22) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was Alive at 12:22 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) J. M. Wallace(25) State whether Physician or Midwife (26) Address of Physician or Midwife 108 1/2 N. Coffee St.

Given name added from a supplemental report

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Registrar

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

(28) Filed Mar 27 1916 (29) C. G. Smith 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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