

Form No 1.

(1) PLACE OF BIRTH

County of GeorgetownTownship of H. 2or
Inc. Town ofor
City of

(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

85685

Registration District No. 2101 Registered No. 85

(For use of Local Registrar)

(2) Full Name of Child Martha Walla { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
				<u>Nov. 26, 1914</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Wallace(9) PRESENT POSTOFFICE OF FATHER Georgetown R 1(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE Georgetown County SC(13) OCCUPATION Farmer(16) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Keith(15) PRESENT POSTOFFICE OF MOTHER Georgetown R 1(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Georgetown County SC(19) OCCUPATION Field Hand(21) Number of children of this mother now living, including present birth { 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Susan Wilson Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed 12/3 1914 (28) Rev. B. A. B. 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.

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. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.