

Form No. 1

## (1) PLACE OF BIRTH

County of FairfieldTownship of 11or WallacevilleInc. Town of Wallacevilleor WallacevilleCity of Wallaceville

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18509

Registration District No. 11 Registered No. ....

(For use of Local Registrar)

(No. 1910) ..... St.; ..... Ward)

## (2) Full Name of Child

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH June 4 18 22  
(Name of Month) (Day) (Year)

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

## FATHER.

(8) FULL NAME

Ellis Cook

(9) PRESENT POSTOFFICE OF FATHER

Wallaceville, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

20  
(Years)

(12) BIRTHPLACE

Fairfield

(13) OCCUPATION

Farm work

## MOTHER.

(14) NAME BEFORE MARRIAGE

Jane

(15) PRESENT POSTOFFICE OF MOTHER

Wallaceville, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

20  
(Years)

(18) BIRTHPLACE

Fairfield

(19) OCCUPATION

Farm work

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at Wallaceville June 4 18 22 at 11 A.M.  
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. J. Hager

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 10 18 22

(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.