

Form No 1.

(1) PLACE OF BIRTH

County of DillonTownship of WallerIn or Town of WallerCity of Waller

(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

51947

Registration District No. 1413 Registered No. 24

(For use of Local Registrar)

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

(3) SEX <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) AGE at birth <u>29</u>	(7) DATE OF BIRTH <u>May 10th</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Walter Price

(9) PRESENT POSTOFFICE OF FATHER Waller

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE Dillon County SC

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Price

(15) PRESENT POSTOFFICE OF MOTHER Waller

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE Dillon County SC

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Waller (Hour A. M. or P. M.) on the date above stated.(23) (Signature) W. H. Bailey(24) State whether Physician or Midwife (25) Signature of Physician or Midwife W. H. Bailey

Given name added from a supplemental report

..... IM.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed MAY 25 1916 (28) W. H. Bailey 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, and OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.