

1. PLACE OF BIRTH

County of _____

Township of _____

or
Inc. Town of _____

City of _____

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

Registration District No. 9a

FILE No.—For State Registrar Only

27473-aRegistered No. 12822

(For use of Local Registrar)

2. Full Name of Child

Henry Maloney Wacker

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

3. BOY OR
GIRL Boy4. Twin or
Triplet? No5. Number in order
of birth 1st6. Are
Parents
Married? Yes

7. DATE OF BIRTH

September 1st 1923

(Name of Month) (Day) (Year)

FATHER

8. FULL
NAMEJames L. Wacker9. PRESENT
POSTOFFICE
OF FATHERCharleston, S.C.10. COLOR
OR
RACE White11. AGE AT LAST
BIRTHDAY 33

(Years)

12. BIRTHPLACE

Charleston, S.C.

13. OCCUPATION

Pipe Fitter, S.C. Railroad14. Number of children born to
mother, including present birth 7

MOTHER

14. NAME BEFORE
MARRIAGE Atherine B. Leonard15. PRESENT
POSTOFFICE
OF MOTHERCharleston, S.C.16. COLOR
OR
RACE White17. AGE AT LAST
BIRTHDAY 31

(Years)

18. BIRTHPLACE

Charleston, S.C.

19. OCCUPATION

Housewife21. Number of children of this mother
now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M.
 on the date above stated. (Hour A.M. or P.M.)

23. Signature A. P. Widdagou24. State whether Physician or Midwife Physician25. Address of Physician or Midwife 286 Meeting

26. Witness

(Signature of Witness necessary only
when question 23 is signed by mark)27. Filed 2/1428. Annals Register

Local Registrar

Given name added from a supplemental report

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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.