

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Charlestonor Inc. Town of Charlestonor City of Charleston

(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

3290

Registration District No. 912Registered No. 0

(For use of Local Registrar)

(2) Full Name of Child Walden Luke Veira

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

(3) SEX OR GENDER <u>Male</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age Parent Married <u>27</u>	(7) DATE OF BIRTH <u>May 22 1929</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Francis J. Veira</u>	(14) NAME BEFORE MARRIAGE <u>Betty Mary Porter</u>	(9) PRESENT RESIDENCE OF FATHER <u>Monterville S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Monterville S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)
(12) BIRTHPLACE <u>Monterville S.C.</u>	(18) BIRTHPLACE <u>Paris France</u>	(13) OCCUPATION <u>Capt. of the Army</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Male 9.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James J. Veira(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Monterville S.C.(Given name added from a supplement-
tal report)(26) Witness (Signature of Witness necessary only
when question 23 is signed or marked)(27) Walden 1929 May 22 9.9 M. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.