

Form No. 1

## (1) PLACE OF BIRTH

County of DillonTownship of Walleror  
Inc. Town of .....or  
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

29950

Registration District No. 1603Registered No. 134  
(For use of Local Registrar)

## (2) Full Name of Child

Therese Waller Bass

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 11 1922</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL NAME Geo W Bass(9) PRESENT POSTOFFICE OF FATHER Lake View S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Dillon County(13) OCCUPATION Shoe Corder(20) Number of children born to mother, including present birth four

## MOTHER

(14) NAME BEFORE MARRIAGE Mrs Johnson(15) PRESENT POSTOFFICE OF MOTHER Lake View S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Robeson County N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth four

## 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 12:30 on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. C. Christensen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lake View S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9-15-22

(28)

Local Registrar

\*When there was no attending physician or midwife, then the father, household head, or other person present at the birth must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.

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.

REGISTRY OF COLOMBIA, COLUMBIA, S. C.