

(1) PLACE OF BIRTH

County of LancasterTownship of Light's Creekor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19197

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

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

(2) Full Name of Child Wanda Waller

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

3. BOY OR GIRL? G 4. Twin or Triplet? 5. Number in order of birth 6. Are Parents Married? Yes 7. DATE OF BIRTH June 17, 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Wanda Waller9. PRESENT POSTOFFICE OF FATHER Lancaster10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 26
(Years)12. BIRTHPLACE Lancaster13. OCCUPATION Shoe Repairer20. Number of children born to mother, including present birth 15

MOTHER.

14. NAME BEFORE MARRIAGE Hosie Hewson15. PRESENT POSTOFFICE OF MOTHER Lancaster16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 25
(Years)18. BIRTHPLACE Lancaster19. OCCUPATION Housewife21. Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. J. Hart
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7-1 1922 (28) E. J. Hart
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.

before the fifth month of pregnancy.