(1) PLACE OF BIRTH

County of Chester

Township of .....

or

Inc. Town of .....

or

City of Chester

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3594

Registration District No. 11A

Registered No. 12

(For use of Local Registrar)

(No. ..... St. ..... Ward)

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

(2) Full Name of Child Wallace Frederick Boulds (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy	To be answered only in event of Twins or Triplets	—	Yes	July 4 1922

FATHER

(8) FULL NAME J. W. Boulds

(9) PRESENT POSTOFFICE OF FATHER Chester, S. C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Newberry, S. C.

(13) OCCUPATION Salesman

MOTHER

(14) NAME BEFORE MARRIAGE Hattie Abernathy

(15) PRESENT POSTOFFICE OF MOTHER Chester S. C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Gaston Co. N. C.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2.0 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. McCall

(24) State whether Physician or Midwife MD

(25) Address of Physician or Midwife Chester S C

Given name added from a supplemental report

..... 19 .....

..... Registrar

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

(27) Filed 2-11 1922 (28) W. H. McCall 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.

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BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.
FILL IN BLANKS WITH TYPEWRITER OR PEN AND INK. WRITE PLAINLY. USE ONE BLANK FOR EACH CHILD, and mark the BLANK "No. 1." Where twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the BLANK "No. 1." THE OTHER, No. 2, etc., in question 5.