

(1) PLACE OF BIRTH

County of GrovesTownship of WidowInc. 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

43160

Registration District No. 2313Registered No. 49

(For use of Local Registrar)

(2) Full Name of Child Edward J. Waller, Jr.

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug 15
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Waller(9) PRESENT POSTOFFICE OF FATHER Widow(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 42
(Years)(12) BIRTHPLACE Groves Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Emma(15) PRESENT POSTOFFICE OF MOTHER Widow(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 35
(Years)(18) BIRTHPLACE Groves Co(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna M. Wright, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed Jan 10 1916(28) S. R. Bandy 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.

STAMPED-RECEIVED FOR FILING

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N.B.—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 8.

Craw. of Columbia

F I L M