

Form No. 1

## (1) PLACE OF BIRTH

County of GreenvilleTownship of 11Inc. Town of orCity of (No. St.; Ward)

(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

46371

Registration District No. 2209 Registered No. 23  
(For use of Local Registrar)(2) Full Name of Child Maxine Lammie Wallen { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH January 3 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Wallen(9) PRESENT POSTOFFICE OF FATHER Johnson City, Tenn.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(Years)(12) BIRTHPLACE Mississippi(13) OCCUPATION Lumber Mfg.(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna W. Wallen(15) PRESENT POSTOFFICE OF MOTHER 34 myrtle Ave. Danvers(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Illinois(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 7:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 112 S. Main St. M.D.

Given name added from a supplemental report

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Registrar

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

(27) FILED Jan 28 1916 (28) A. H. Mackey 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.

FIRST-BORN. No. 1. THE OTHER. No. 2, etc. In question 5.

M. C. W. 1916